



Referral letter

Visit date: 07 Jan 2019

Applicant personal details

Family name: **GMDAKCLHHLCLCON**
 Given names: **hhjoamfibleaime**
 Sex: **MALE**
 Date of birth: **04 Sep 2011**
 Country of birth: **AFGHANISTAN**
 City of birth: **-**
 Prior Country of Residence: **-**

Applicant identity details

Identity document presented: **Original Passport**
 Identity document number: **jhbjbiciaj**
 Issuing country: **AFGHANISTAN**
 Date of issue: **-**
 Date of expiry: **09 Oct 2022**
 Source: **Clinic**

Contact channels

| Contact type | Contact details | Primary | Comments |
|--------------------|--|---------|----------|
| Address (Intended) | 1 test st, line 2, line 3, line 4, Beverly Hills, Colorado, California, 90210, UNITED STATES | No | - |
| Address (Home) | 2 test st, some line 2, some line 3, some line 4, Paris, Some place here, FRANCE | Yes | - |
| E-mail (Business) | matt@matt.com | Yes | - |
| Phone (Home) | + 1 (13) 12345678 | No | - |

If known, but not listed above, please record the following to facilitate follow-up with the applicant:

| Contact type | Contact details |
|---------------|-----------------|
| Address | |
| Email address | |
| Phone number | |

Referral details

Clinic: **USA - UAT Clinic**
 Address: **Carrera 98, #18 - 49 , Avenida Simon Bolivar, New South Wales, 12345, AUSTRALIA**
 Phone number: **+ 61 (2) 33174741231**

Appointment date: _____

Referral letter

Appointment time: _____

This applicant (full details above) has been referred to you in order to undergo the additional health examination(s) as part of the application process for a US visa. The steps that the US Department of State request you to follow in completing these examinations are outlined below.

Steps to be completed

1. Check the identity of the applicant being examined against the details/photograph above and the applicant's identity document (e.g. passport), and indicate below that you have confirmed their identity.

Identity confirmed (please circle) **Yes / No**
Name of staff member who checked identity: _____
Signature: _____
Date: _____

2. Perform the required additional examination(s) listed below:

| | | |
|-----|--|--|
| 719 | TB Screening test - TST or IGRA | Please provide current results of tuberculin skin test (TST) or Interferon Gamma Release Assay (IGRA). |
| 712 | Syphilis Test (VDRL or RPR) | Syphilis testing and results are required |

3. Sign the declaration below:

I declare that I have examined the above applicant and the attached report is a true and correct record of my findings.

Name: _____
Signature: _____
Date: _____

4. Attach this referral letter to the examination report and return both documents to the referring doctor (details below).

Referred by: **eMedical**
Clinic name: **USA - UAT Clinic**
Address: **Carrera 98, #18 - 49 , Avenida Simon Bolivar, New South Wales, 12345, AUSTRALIA**