



## 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

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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:

<b>719</b>	<b>TB Screening test - TST or IGRA</b>	Please provide current results of tuberculin skin test (TST) or Interferon Gamma Release Assay (IGRA).
<b>712</b>	<b>Syphilis Test (VDRL or RPR)</b>	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**