

## **Applicant Declaration**

I understand that I am required to undergo a complete medical examination with an authorized physician in order to assess my eligibility consistent with INA Sections 212(a) and 221(d). I understand that failure to provide required information may cause delay or denial of visa. I understand that my medical examination information (Form DS-7794) will be collected and temporarily stored in the eMedical system hosted, operated and maintained by the Australian Department of Home Affairs and being transferred to the U.S. Government for the purposes of enabling the U.S. Department of State to determine my medical eligibility.

I understand that all applicants 15 years of age and older are required to undergo a chest radiograph (x-ray) to test for tuberculosis. I understand that if I am pregnant at the time of my initial medical exam I must consent and will be provided with abdominal and pelvic protection with double-layer, wrap-around lead shields. I understand that if I am pregnant I may refuse the chest radiograph. If I refuse the chest radiograph I understand that my visa application will not be processed until I have completed the requirement.

I understand that any willfully false or misleading statement or willful concealment of material fact made by me herein may subject me to permanent exclusion from the United States or may subject me to criminal prosecution and/or deportation.

The information provided on your medical examination report may be accessible to other government agencies having statutory or other lawful authority to use such information, including for law enforcement and immigration law enforcement purposes.

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Signature: \_\_\_\_\_