

## Prices From 1st Jan 2018

<b>ADULTS</b>	<b>A</b>	<b>Price</b>	<b>Vat</b>	<b>Total</b>
X-Ray		530.70	74.30	605.00
Syphillis Test		311.40	43.60	355.00
Gonorrhoea Test		1,359.65	190.35	1,550.00
Urine Test		43.86	6.14	50.00
Glucose Test		35.09	4.91	40.00
Doctors Consultation		2,456.14	343.86	2,800.00
<b>TOTAL</b>				<b>5,400.00</b>

<b>2-15 Years</b>	<b>B1</b>	<b>Price</b>	<b>Vat</b>	<b>Total</b>
PPD		307.02	42.98	350.00
Doctors Consultation		2,456.14	343.86	2,800.00
<b>Total</b>				<b>3,150.00</b>

<b>2-15 Years</b>	<b>B2</b>	<b>Price</b>	<b>Vat</b>	<b>Total</b>
IGRA		1,184.21	165.79	1,350.00
Doctors Consultation		2,456.14	343.86	2,800.00
<b>Total</b>				<b>4,150.00</b>

<b>0-2 Years</b>	<b>C</b>	<b>Price</b>	<b>Vat</b>	<b>Total</b>
Doctors Consultation		2,456.14	343.86	2,800.00
<b>Total</b>				<b>2,800.00</b>

### DETERMINED VACCINATIONS WILL BE CHARGED

<b>VACCINATIONS</b>	<b>Price</b>	<b>Vat</b>	<b>Total</b>
Adacel Quadra(Tetanus, Polio,	421.05	58.95	480.00
Priorix	508.77	71.23	580.00
Engerix or Hepatitis B (Heberbiovac)	307.02	42.98	350.00
Menactra	596.49	83.51	680.00
Hepatitis A	346.49	48.51	395.00
Influenza	131.58	18.42	150.00
Varicella	394.74	55.26	450.00
Rotavirus	482.46	67.54	550.00
Haemophilus Influenza Type B	460.53	64.47	525.00
Pneumovax 23	394.74	55.26	450.00
Tetanus	157.89	22.11	180.00

**PLEASE NOTE THAT THESE ARE OUR REQUIREMENTS**

**ADULTS:**

**Please take note that this is a 2 -3 days' process for Adults or Children.**

**1<sup>st</sup> DAY IS PAPERWORK/BLOODS AND XRAYS**

**2<sup>ND</sup> DAY PHYSICAL EXAMINATION AND VACCINATIONS**

1. Bring original **PASSPORTS** and 2 copies of passport for each person.
2. Please bring your **LETTER OF APPOINTMENT** from the **CONSULATE** with the **CASE NUMBER** on it and also make a **COPY** of the **LETTER** for **EACH PERSON**.
3. **4 PHOTOS** – Photos must be South African passport size and must be in colour.
4. Please write down on a piece of paper the following:
  - Your **PHYSICAL ADDRESS** with the name of **CITY** and **STATE** and **POSTAL CODE**.
  - Please write down on the same piece of paper.
  - Your **INTENDED ADDRESS** and **CITY** and **STATE** and **POSTAL CODE**.
  - **EMAIL ADDRESS** must be written on that same piece of paper.
5. If you are on any **CHRONIC MEDICATION** or any **MEDICATION**, please write it down on a piece of paper.
6. Please bring all original **VACCINATION CARDS** and **PLEASE** make copies of it for our records.
7. If you **DO NOT HAVE** any **VACCINATION CARDS**, then the necessary vaccine will be given to you and **VACCINATION CARD** will be issued to you.
8. **PLEASE NOTE** that our **FEES** are +- **R5400.00** per **ADULT**. **THIS EXCLUDES THE PRICE OF VACCINATIONS GIVEN.**
9. We accept **DEBIT/CREDIT CARDS** or **CASH** and also have **CARD MACHINE** available.

**PLEASE NOTE THAT ALL MEDICALS ARE VALID FOR 6 MONTHS ONLY.**

**CHILDREN:**

1. Bring original **PASSPORTS** and 2 copies of your passport for each **CHILD**.
2. **4 PHOTOS** – Photos must be South African passport size and must be in colour.
3. Please write down on a piece of paper the following:
  - Your **PHYSICAL ADDRESS** with the name of **CITY** and **STATE** and **POSTAL CODE**.
  - Please write down on the same piece of paper.
  - Your **INTENDED ADDRESS** and **CITY** and **STATE** and **POSTAL CODE**.
  - **EMAIL ADDRESS** must be written on that same piece of paper.
4. If you are on any **CHRONIC MEDICATION** or any **MEDICATION**, please write it down on that same piece of paper.
5. Please bring all original **VACCINATION CARDS** and **PLEASE** make copies of it for our records.
6. **PLEASE TAKE NOTE** that our **FEES** are +/- **R3150.00 PER CHILD**. **THIS EXCLUDES THE PRICE OF VACCINATIONS.**
7. We accept **DEBIT/CREDIT CARDS** or **CASH** and also have **CARD MACHINE** available.
8. **PLEASE NOTE THAT PAYMENTS HAS TO BE MADE ON THE DAY OF MEDICALS WHICH IS THE 2<sup>nd</sup> DAY. PLEASE NOTE THAT OUR SERVICES ARE NOT DONE ON ACCOUNT SYSTEM.**

**Consent Related to Medical Examination for Applicant Using the DS-2054**

I understand that I am required to undergo a complete medical examination with an authorized physician in order to assess my eligibility consistent with Immigration and Nationality Act (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 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 the administration or enforcement of the immigration, nationality, and other laws of the United States.



# Family Medical Centre

**Doctor Junaid Hoosen Practice Inc. T/A Family Medical Centre**  
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VAT: 4450258209 Suite 108, Medical Mews, Sandton City Centre  
5th Avenue, Sandton  
Tel: 011 783 7320



**FMC01012018**

Dear Esteemed Patients,

We empathize with you for the inconvenience caused during this medical examination.

The rules and examination procedure are an exact extraction from the **CDC** (Center for Disease Control and Pretension), as well as technical instructions and the training provided by the **IPPA** (Intergovernmental Panel Physicians Training Summit). These are not rules of the **HPCSA** (Health Professional Council of South Africa).

1. **Compulsory** examination will be done on the **Axilla** for **Lumps** and **Bumps**
2. **No** examination will be done on the **Breasts** for **Lumps** and **Bumps** or any **Previous surgeries**
3. **No Male genitalia examination** will be done
4. **No Female Genitalia inspection** will be done
5. In the unlikely event that there is evidence of **Syphilis** or **Gonorrhoeae** from the **Blood Results** a nurse/chaperone will be present when a female patient is examined. Doctor will look for any signs of **genital warts, cancroid STD's**. This will not be an internal examination

The above examinations, procedures and rules cannot be changed or altered under any circumstances. A letter from your gynecologist of a gynae exam will **NOT** be valid documentation for the CDC.

**Medical examination documentations are the property of the US State Government. NO photocopies will be given to any patient. These documentations will be sent directly to the US Consulate.**

**PLEASE NOTE:**

**NO COMPLAINTS WITH REGARDS TO THIS EXAMINATION WILL BE ENTERTAINED BY THE CDC, THE ACIP OR THE U.S. CONSULATE**

I \_\_\_\_\_ have read and understood the above-mentioned rules and regulations for the examination that must be performed by Dr Junaid Hoosen.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Sign