

AZIZ MEDICAL CENTER

#1, Street # 1, F-6/3, Islamabad.

Visa Category: (Mark One)

Immigrant Visa:

- Immigrant
 Special Immigrant (SIV).
 Adoptee
 Refugee/Visa 92 Asylee Visa 93



Date: _____

Phone: _____

Mobile/Cell #: _____

Email: _____

Case Ref: _____

Non-Immigrant: K Visa
 NIV

Other: _____

Important Note: Any intentional attempt to hide mental or physical condition shall be informed to embassy which may result in delay of visa processing

Full Name: _____ Date of Birth: _____ Place of Birth: _____ Sex:(M/F): _____

Passport #: _____ Education Qualification: _____ Present Occupation _____

Address in Pakistan: _____

Intended US Address: _____

City: _____ State: _____ US Postal Code (Zip Code): _____

Marital Status: Child/Single/Engaged/Married/Divorced/Widow: _____

1. Have you ever had any medical examination done before ? (If yes When & where) _____

2. Have you ever been in a hospital for any condition (Name illness) _____

Please name any surgical procedures that you have had with dates _____

3. Have you ever been diagnosed / treated for Cancer (give detail): _____

4. Have you ever had illness requiring prolonged treatment at home or in hospital? Including but not limited to Blood Pressure, Diabetes or Asthma, If yes give details: _____

5. Have you ever had Tuberculosis? _____ Any lung or chest disease? _____

6. Have you ever suffered from blood or Sexually Transmitted diseases? _____

7. Have you ever been diagnosed with Hepatitis B or Hepatitis C ? _____

8. Have you ever suffered from convulsions, seizures, fit or fainting spells? _____

9. Have you ever suffered from a mental breakdown, depression or psychiatric illness? _____

10. Have you ever taken narcotics (Opium, Morphine, Hashish, Cannabis etc.) _____

11. (For Females only) If pregnant, current month/s of pregnancy: _____

(Please note: Failure to provide accurate information may result in harmful effects of vaccine on baby.)

I hereby certify that the above information given by me is correct and give consent for complete medical examination.

(Signature of Applicant)