

CDC Form for Applicants with HIV Infection

TO BE COMPLETED FOR APPLICANTS WITH HUMAN IMMUNODEFICIENCY VIRUS (HIV) INFECTION

A. Statement by Applicant

Upon admission to the United States I will:

1. Go directly to the physician or health facility named in Section B;
2. Present copies of diagnostic tests used in the visa examination to substantiate diagnosis;
3. Submit to counseling and such examinations, treatment, and medical regimen as may be required; and
4. Remain under prescribed treatment or observation whether on inpatient or outpatient basis, until discharged.

Signature of Applicant

Date

B. Statement by Physician or Health Facility

(May be executed by a private physician, health department, or other public or private facility or military hospital.)

I agree to supply counseling and any treatment or observation necessary for the proper management of the alien's HIV infection condition.

I agree to submit a copy of my evaluation of the alien's condition to the health officer named in Section D and to the Division of Quarantine (E03), Centers for Disease Control, Atlanta, Georgia 30333:

1. Within 30 days of the alien's reporting for care indicating plans for future care of the alien; or
2. A report that the alien has not reported within 30 days after receiving a notice from the Division of Quarantine, CDC.

Satisfactory financial arrangements have been made. (This statement does not relieve the alien from submitting evidence, as required by consul, to establish that the alien is not likely to become a public charge.)

I represent (enter an "X" in the appropriate box and give the complete name and address of the facility below:)

- 1. Local Health Department
- 2. Other Public or Private Facility
- 3. Private Practice
- 4. Military Hospital

Name of Physician or Facility (Please type or print)

Address (Number & Street)

City, State, & Zip Code

Signature of Physician

Date

C. Applicant's Sponsor in the U.S.

Arrange for medical care of the applicant and have the physician or facility complete Section B.

If medical care will be provided by a physician who checked box 2 or 3, in Section B, have Section D completed by the local or State Health Officer who has jurisdiction in the area where the applicant plans to reside in the U.S.

If medical care will be provided by a physician who checked box 4, in Section B, forward this form directly to the military facility at the address provided in Section B.

Address where the alien plans to reside in the U.S.:

Address (Number & Street)

(Apartment Number)

City, State, & Zip Code

D. Endorsement of Local or State Health Officer

Endorsement signifies recognition of the physician or facility for the purpose of providing care for HIV infection. If the facility or physician who signed in Section B is not in your health jurisdiction and is not familiar to you, you may wish to contact the health officer responsible for the jurisdiction of the facility or physician prior to endorsing.

Endorsed by: Signature of Health Officer

Date

Enter below the name and address of the Local Health Department to which the "Notice of Arrival of Alien with HIV infection Waiver" should be sent when the alien arrives in the U.S.

Official Name of Department

Address (Number & Street)

(Apartment Number)

City, State, & Zip Code

Please read instructions with care.

If further assistance is needed, contact the office of the Immigration and Naturalization Service with jurisdiction over the intended place of U.S. residence of the applicant.

NOTE: If you are approved for a waiver and after admission to the U.S. you fail to comply with the terms, conditions, and controls that were imposed, you may be subject to removal under Section 237(a) of the Immigration and Nationality Act.