

# **Migration Health Assessments for United States of America-Bound Migrants**

## All applicants are required to undergo a migration health assessment as part of their visa application process for the United States of America. In this document, you will find important information related to your upcoming migration health assessment at IOM’s Migration Health Assessment Centre in **IOM NIGERIA**.

**You will also be able to download this document at the end of the appointment-making process.**

## **IOM ABUJA MHAC Contact Information**

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| Address: 55 HASSAN MUSA KATSINA ROAD (at the junction of Hassan Musa Katsina road and J-K Gadzama Street), ASOKORO.ABUJA  Call Centre Number: **+234 09 460 58400/ 01 465 6600**  Mobile Numbers: +234(0) 809 563 7898/0808 522 1427/0703 289 8491  Opening Hours: Mondays-Thursdays08:00am – 5:30pm, **Fridays** 08:00am -12:00pm.  Email address: [iomabujamedicalbooking@iom.int] |

**IOM LAGOS MHAC Contact Information**

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| Address: 1, ISAAC JOHN STREET (at the junction of Isaac John and Oduduwa way) GRA IKEJA  Call Centre Number: **+234 01 465 6600/ 09 460 58400**  Phone Numbers: +234(0) 8022264059/09092156079/ 09099991256 Opening Hours: Mondays-Thursdays07:00am – 4:30pm, **Fridays** 07:00am -11:00am Email address: [iomlagosmedicalbooking@iom.int] |

## **What Should I Expect at my Appointment?**

The scope of the migration health assessment varies depending on factors such on your visa category, age, gender and current health status. The list below shows some of the procedures that you or your family (if they are applying to migrate with you to the United States) might receive:

* Registration.
* Counselling to explain the health assessment process (at the end of the counselling you will sign an informed consent form).
* Medical examination, which may include the following:
  + A review of your medical history and current symptoms.
  + Taking your measurements and vital signs.
  + A detailed physical examination to assess your physical and mental status.
  + A chest X-ray.
  + A tuberculin skin test (TST) or Interferon Gamma Release Assay (IGRA), a blood test, for tuberculosis.
  + Urine test for N. Gonorrhoea, C. Trachomatis and pregnancy.
  + Syphilis test.
* Vaccinations to protect yourself and others from certain vaccine-preventable diseases, if needed.

### **Breakdown of Migration Health Assessment Procedures, by Age of Applicant:**

|  |  |  |
| --- | --- | --- |
| Below the Age of 2 Years | Between 2 And 14 Years | 15 Years and Above |
| - Medical examination  - Any necessary  vaccinations | - Medical examination  - Blood or skin test for tuberculosis  - Any necessary vaccinations | - Medical examination  - Chest X-ray  - Urine tests  - Blood test for syphilis  - Any necessary vaccinations |

All basic requirements are done on the same day, during the same appointment.

### **Will I need additional tests or procedures?**

Additional tests, treatment or immunizations may be in order to complete the health assessment and/or to comply with the requirements of the immigration authorities, based on health conditions identified during your examination. In such an event, you will be provided with additional counselling and more information during your appointment.

## **Important Notes**

### **Vaccinations**:

**Please bring your vaccination records**. The doctor will need to review your vaccination history to determine if any other vaccinations are needed. If you are unable to bring your vaccination record, you will be considered ‘not immunized’ and will be given the recommended vaccines according to your age and medical status.

*Please note that refusing vaccinations may negatively affect your United States immigration prospects.*

### **Minors**:

Applicants under the age of 18 must be accompanied by a **parent or guardian** who can provide consent and make decisions on their behalf.

### **Pregnancy**:

If you are pregnant and undergoing a migration health assessment, you may choose to **either** proceed with the chest X-ray with a double leaded shielding to protect you and your unborn baby **or** wait to proceed with the migration health assessment until after giving birth.

If you choose to proceed with the chest X-ray, you will be requested to sign an additional consent form.

### **Tuberculosis (TB):**

TB is a contagious bacterial infection that is spread from person to person through tiny droplets in the air. TB can be either:

1. **Latent TB:** when you have the bacteria in your body, but you don’t have any clinical manifestations. In order to diagnose latent TB, active TB should be ruled out.
2. **Active TB:** when you have the bacteria and have clinical, radiological or laboratory manifestations.

**You might be asked to undergo further testing if the doctor suspects you have TB**. In such an event, you will be provided with additional counselling and more information during your appointment.

You will be requested to provide three (3) sputum samples over 3 consecutive days. These samples are then tested in a laboratory; **it** **can take up to 8-10 weeks to obtain a result**.

If you are required to complete this test, your health assessment certificate will be put on hold until the results are received. If you are found to have TB, you will need to successfully complete treatment before resuming the immigration process.

Good news! **TB is treatable** and most people can be cured with a few months of oral antibiotics.

## **What Do I Need to Bring to My Appointment?**

### **Identification**:

▹ Passport (original).

▹ Case Number (visa interview appointment letter).

▹ Proof of Payment

### **Medical Records**:

▹ Any medical reports on past or current medical conditions.

▹ Vaccination records.

▹ Child Health and Development Record for children, if available.

### **Other**:

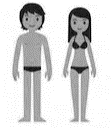
▹ Eyeglasses or lenses, if you wear them.

▹ Address in country of origin printed and in English.

▹ Address in the United States printed and in English.

▹ If you pre-paid for your migration health assessment, **please** **bring a hard copy of the proof of payment.**

## **Advice for the Migration Health Assessment**

▹ For your physical examination, you will be asked to remove your clothes and will be provided with a medical gown, but **please keep your underwear on** (**see image at right**).

▹ You **may request a chaperone** to be present at your physical examination.

▹ **Please do not conceal any medical conditions**; deliberate attempts to hide them will be reported to the US immigration authorities.

▹ **Please do not conceal your pregnancy**; being pregnant will have no impact on your immigration prospects.

▹ **Please postpone or re-schedule your appointment if you or your child are ill** with a fever or have a rash.

▹ There is **no need to fast** prior to your appointment. In other words, you can eat before coming for the test.

## **Migration Health Assessment Fees and Payment Information**

### **Fees, by applicant age:**

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| --- | --- | --- | --- | --- | --- |
| IMMIGRANT VISA | | |  |  |  |
| Below 2 years  [NGN26,000] | **2yrs – 14yrs**  [NGN46,500] | **15yrs and above**  [NGN57,000] | **18yrs – 24yrs**  [NGN91,500] | **25yrs – 44yrs**  [NGN70,000] | **45years and Above** [NGN67,000] |
| NON-IMMIGRANT VISA | | |  |  |  |
| Below 2 years  [NGN24,000] | **2yrs – 14yrs**  [NGN25,000] | **15yrs and above**  [NGN50,000] |  |  |  |

*Additional fees will apply if vaccinations or other investigations are requested.*

### **How to Pay for the Migration Health Assessment:**

▹ Payments should be made in Naira

▹ Payments should be made at least **two days** before your appointment to the accounts below through a **bank transfer (no cash deposit).**

### **Bank Details for the IOM MHAC in ABUJA:**

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| --- | --- |
| **Name of Bank:** | Standard Chartered Bank |
| **Account Name:** | International Organisation for Migration |
| **Account Number:** | 0001847002 |
| **SWIFT Code/BIC:** | 068080017 |

**Bank Details for the IOM MHAC in LAGOS:**

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| **Name of Bank:** | Standard Chartered Bank |
| **Account Name:** | International Organisation for Migration |
| **Account Number:** | 0001855256 |
| **SWIFT Code/BIC:** | 068080017 |