



## AUTHORIZATION FOR MEDICAL EXAMINATION

Authorization is granted to render to the named person below, the medical examination for:

Name (Last, First, MI)	Date of Birth (mm-dd-yyyy)	
Employee Name (Last, First, MI)	Employee's SSN or MED ID	Employee Agency

### 1. Examining Facility to be Used

To obtain the medical examination, the applicant or employee and his/her eligible dependents may utilize a U.S. Government Medical Facility (*if available*) or the services of a private physician.

### 2. Voucher Instructions for Payment and Reimbursement

#### *For Domestic (US-based) claimants*

The Office of Medical Services' section on domestic claims (*referred to as medical claims*) processing serves as the secondary payer for reasonable and customary medical billings, covering the eligible amount (*lab and diagnostic tests listed on the DS1843 or DS1622*), not paid by the individual's primary insurance carrier. An individual's primary insurer and payer is the person's health insurance carrier. For consideration to be reimbursed for authorized medically-related expenses, customers must take the following actions:

- A) First submit their bills for payment to their respective insurance carrier. In order for claims to review and process such reimbursements in a timely manner. After filing with their insurance company and receiving a response, a customer will receive an EOB statement.
- B) Once in possession of the EOB statement, customers should submit a completed claim to the medical claims section. A completed claim consists of the following supporting documentation: EOB statement, all relevant and proper invoices, relevant Department of State authorizations, and proof of payment (*only if you are claiming reimbursement*).

#### *For Overseas-based claimants*

For applicants located outside the continental United States, direct follow-up with personal health insurance carriers is encouraged. Requests for reimbursements for physicals examinations must be submitted to the American Embassy health unit at the applicant's location or as directed by the relevant State Department medical authority.

Please scan medical bills into PDF and place as an e-mail attachment. Please send to [MEDClaims@state.gov](mailto:MEDClaims@state.gov) (*Medical Claims*). If you do not have access to a scanner, you may fax the medical bills to (202) 663-3858.

### 3. Travel Expenses

Payment of travel expenses (*transportation and per diem*), for this purpose is **not authorized**.

### 4. Disposition of Medical Records Including DS-1843 or DS-1622

All reports are to be submitted in English and identified with full name and date of birth of the examinee.

**Where to Send:** Please scan medical reports into PDF and place as an e-mail attachment to [MEDMR@state.gov](mailto:MEDMR@state.gov) (*Medical Records*). If you do not have access to a scanner, you may fax the reports to (703) 875-4850.

Do not mail, pouch, or FedEx. Please keep the original documents in a safe place and hand carry to the onward assignment. Allow 48 hours for the system to confirm receipt of your information. If you do not receive a confirmation within 72 hours, please resend.

Authorizing Officer \_\_\_\_\_

Agency Accounting Date (mm-dd-yyyy) \_\_\_\_\_

Send copies to:  
Authorizing Officer - Maintain a copy  
Addressee - Maintain a copy  
Issuing Office - Maintain a copy  
STATE/M/MED/CLAIMS - [MEDClaims@state.gov](mailto:MEDClaims@state.gov)

**SUPPLEMENTAL INSTRUCTIONS**  
**THE MEDICAL HISTORY AND EXAMINATION FORM FOR FOREIGN SERVICE (DS-1843)**

**For HIV Testing**  
**Persons Age 12 and Over**

**HIV Testing**

The ELISA test for antibodies to the Human Immunodeficiency Virus (*HIV*) is required as part of the physical examination for those age 12 and over. All examinees should be informed that the test is being performed. Medical confidentiality is of paramount importance. The medical record and information contained therein of all Office of Medical Services' patients is only available to health care providers with direct responsibility for the care of an individual. The medical record is not released to medical or non-medical authorities unless the patient provides release of information in writing.

**Medical Examinations Performed Outside of the United States**

For physical examinations performed outside of the United States a serum sample for HIV testing may be (*not required*) sent to M/MED/Laboratory for processing. The tube should be labeled with the name of the examinee, date of birth of the examinee, date collected, the employee agency, and the name of the requesting Embassy (*e.g. Hong Kong*). Allow eight weeks for processing.

**Medical Examinations Performed in the United States**

For physical examinations performed in the United States the ELISA may be done at the laboratory of the examining physician's choice.

Informing an **applicant** examinee or their eligible family members of a confirmed positive result and provisions of initial counseling (*implications of this infection and precautions*) will be the responsibility of the examining physician. Informing an **employee** or their eligible family members of a confirmed positive result and provisions of initial counseling will be the responsibility of the U. S. Department of State Medical Personnel.

**Questions:**

Questions should be directed to the Chief of Medical Clearances in Washington, DC, at (703) 875-5411 or e-mail [MEDClearances@state.gov](mailto:MEDClearances@state.gov).