



IMMIGRANT HEALTHCARE QUESTIONNAIRE

PART 1 - INFORMATION ABOUT YOU

1. Your Current Legal Name (Do not provide a nickname)
Family Name (Last Name) Given Name (First Name) Middle Name

PART 2 - YOUR HEALTH

2. Will you be covered by health insurance in the United States within 30 days of your entry into the United States?

Yes No

3. If you answered "yes" to Question 2, identify the specific health insurance plan and date coverage will begin.

4. If you answered "no" to Question 2, how do you plan to pay for healthcare for your existing medical conditions in the United States?

Federal Agency Disclosure and Authorizations

PAPERWORK REDUCTION ACT STATEMENT

Public reporting burden for this collection of information is estimated to average 10 minutes per response, including time required for searching existing data sources, gathering the necessary documentation, providing the information and/or documents required, and reviewing the final collection. You do not have to supply this information unless this collection displays a currently valid OMB control number. If you have comments on the accuracy of this burden estimate and/or recommendations for reducing it, please send them to: PRA_BurdenComments@state.gov.

CONFIDENTIALITY STATEMENT

INA Section 222(f) provides that visa issuance and refusal records shall be considered confidential and shall be used only for the formulation, amendment, administration, or enforcement of the immigration, nationality, and other laws of the United States. Visa records may be disclosed in certain situations, as described in INA Section 222(f), including disclosure to a court as needed in a case pending before the court.

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