U.S. Department of State MEDICAL HISTORY AND PHYSICAL EXAMINATION WORKSHEET

OMB No. 1405-0113 EXPIRATION DATE: xx/xx/xxxx ESTIMATED BURDEN: 35 minutes (See Page 2 - Back of Form)

For us	e with	DS-2053	
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Name (Last, First, MI)				Exam Date (mm-dd-yyyy)		
Birth Date (mm-dd-yyyy)	Passport Number		Alien	(Case) Number		
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1. Past Medical History (indicate conditions requiring medication or other treatme		<pre>is after resettlement and give details in Remarks) ed by a physician, and should not be deemed medically definitive. No Yes Ever caused SERIOUS injury to others, caused MAJOR property damage or had trouble with the law because of medical condition, mental disorder, or influence of alcohol or drugs Obstetrics and Sexually Transmitted Diseases Obstetrics and Sexually Transmitted Diseases Pregnancy Fundal height cm Last menstrual period Date (mm-dd-yyyy) Sexually transmitted diseases, specify Endocrinology and Hematology Diabetes mellitus Thyroid disease History of malaria Other Malignancy, specify Chronic renal disease Hansen's Disease Hansen's Disease DR Paucibacillary Nether No Visible disabilities (including loss of arms or legs), specify Other requiring treatment, specify Other requiring treatment, specify</pre>				
2. Physical Examination (indicate findings and	give details in Remarks)					
No Yes Applicant appears to be p	roviding unreliable or false information	on, specify				
Height cm Weight kg Visual Acuity at 20 feet: Uncorrected L 20/ R 20/ BP / (mmHg) Heart rate /min Respiratory rate /min Corrected L 20/ R 20/ *N, normal; A, abnormal; ND, not done						
N* A* ND* General appearance and nutrition Hearing and ears Hearing and ears Eyes Hearing and ears Eyes Hearing and throat (include Heart (S1, S2, murmur, rub) Heart Breast Heart Lungs Heart Genitalia (including liver, splee)	onal status	A* ND*	Extremities (include Musculoskeletal sy Skin (including consistent with set Lymph nodes Nervous system (i Mental status (i	cluding adenopathy) ling pulses, edema) ystem (including gait) hypopigmentation, anesthesia, findings lf-inflicted injury or injections) including nerve enlargement) including mood, intelligence, perception, s, and behavior during examination)		

3. Additional Testing Needed Prior to Approving Medical Clearance				
No	Yes	Physical examination or laboratory results contradict medical history Referral prior to departure If yes, provide results		
		Referral prior to departure If yes, provide results		
4. Fo	No	Pup Needed After Arrival Yes, within 1 week Yes, within 1 month Yes, within 6 months Continuing medication, list type, dose, and frequency Yes, within 1 month Yes, within 6 months		
	For	continuing other treatment, specify		
5. Re	emark	xs (describe any abnormal history, abnormal findings, and resulting interventions)		
		PAPERWORK REDUCTION ACT AND PRIVACY ACT NOTICES		
		Public reporting burden for this collection of information is estimated to average 35 minutes per response, including time required for searching existing data sources, gathering the necessary data, providing the information required, and reviewing the final collection. Persons are not required to provide this information in the absence of a valid OMB approval number. Send comments on the accuracy of this estimate of the burden and recommendations for reducing it to: the U.S. Department of State (A/ISS/DIR) Washington, DC 20520.		
		AUTHORITIES The information is sought pursuant to Sections 212(a), 221(d), 101, and 412(b)(4) and (5) of the Immigration and Nationality Act.		
		PURPOSE The primary purpose for soliciting medical information is to determine whether an applicant is eligible to obtain a visa and alien registration. This form is designed to record the result of the medical examination required by INA 221(d), which determines whether an applicant has a medical condition that renders the applicant ineligible under INA Section 212(a).		
		ROUTINE USES The information solicited on this form may be made available to the U.S. Department of Homeland Security for disclosure to the Centers for Disease Control and Prevention and to the U.S. Public Health Service. The information provided also may be released to federal agencies for law enforcement, counter-terrorism and homeland security purposes; to Congress and courts within their sphere of jurisdiction; and to other federal agencies for certain personnel and records management matters. Although furnishing this information is voluntary, failure to provide this information may delay or prevent the processing of your case.		