

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 use with DS-2053

Name (Last, First, MI)	Exam Date (mm-dd-yyyy)
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Birth Date (mm-dd-yyyy)	Passport Number	Alien (Case) Number
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**1. Past Medical History** (indicate conditions requiring medication or other treatment after resettlement and give details in Remarks)  
 NOTE: The following history has been reported, has not been verified by a physician, and should not be deemed medically definitive.

<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"><b>No</b></td> <td style="width:10%;"><b>Yes</b></td> <td style="width:80%;"><b>General</b></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Illness or injury requiring hospitalization (including psychiatric)</td> </tr> <tr> <td colspan="3"><b>Cardiology</b></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Angina pectoris</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Hypertension (high blood pressure)</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Cardiac arrhythmia</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Congenital heart disease</td> </tr> <tr> <td colspan="3"><b>Pulmonology</b></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>History of tobacco use</td> </tr> 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**2. Physical Examination** (indicate findings and give details in Remarks)

No  Yes Applicant appears to be providing unreliable or false information, 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**

<b>N*</b>	<b>A*</b>	<b>ND*</b>		<b>N*</b>	<b>A*</b>	<b>ND*</b>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	General appearance and nutritional status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inguinal region (including adenopathy)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hearing and ears	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Extremities (including pulses, edema)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Eyes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Musculoskeletal system (including gait)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nose, mouth, and throat (include dental)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Skin (including hypopigmentation, anesthesia, findings consistent with self-inflicted injury or injections)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Heart (S1, S2, murmur, rub)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lymph nodes
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Breast	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nervous system (including nerve enlargement)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lungs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mental status (including mood, intelligence, perception, thought processes, and behavior during examination)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Abdomen (including liver, spleen)				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Genitalia (including circumcision, infection(s))				

**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. Follow-up Needed After Arrival**

No  Yes, within 1 week  Yes, within 1 month  Yes, within 6 months

For continuing medication, list type, dose, and frequency \_\_\_\_\_

\_\_\_\_\_

For continuing other treatment, specify \_\_\_\_\_

\_\_\_\_\_

**5. Remarks** (describe any abnormal history, abnormal findings, and resulting interventions)

\_\_\_\_\_  
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**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.