

**SUPPORTING STATEMENT FOR
PAPERWORK REDUCTION ACT SUBMISSION
OMB # 1405-0113**

A. JUSTIFICATION

1. The Immigration and Nationality Act (“INA”), 8 U.S.C. 1101 *et seq.*, statutorily mandates the application and eligibility requirements for aliens seeking to obtain immigrant, and occasionally nonimmigrant, visas and alien registration. INA Section 221(d) [8 U.S.C. 1201] (Attachment 1) requires that prior to the issuance of an immigrant or in some cases nonimmigrant visa, the applicant undergo a physical and mental examination. The results of medical examination are used to determine the alien’s eligibility for such a visa under INA 212(a)(1) (Attachment 2). INA Section 412(b)(4)(B) (Attachment 3) requires that the USG “provide for the identification of refugees who have been determined to have medical conditions affecting the public health and requiring treatment....” Form DS-2053, Medical Examination for Immigrant or Refugee Application; Form DS-2054, Medical Examination for Immigrant or Refugee Application; and Form DS-3030, Chest X-Ray and Classification Worksheet are designed to record the results of the medical examination.
2. Forms DS-2053, DS-2054 and DS-3030 are designed to record the results of the medical examination required by INA 221(d). The purpose of the medical examination is to determine whether the applicant has a medical condition that renders the applicant ineligible to receive a visa or a medical condition that, although not constituting a specific excludable condition, represents a departure from normal health or well-being significant enough to interfere with the applicant’s ability to care for himself, or to attend school or work, or that may require extensive medical treatment or institutionalization in the future. A panel physician, contracted by the consular post in accordance with instructions issued by the Centers for Disease Control (CDC), performs the medical examination of the applicant and completes the forms. The CDC also provides panel physicians with technical instructions (TIs) for completing the form. Posts either follow the 1991 version or 2007 version of the TIs. Form DS-2053 corresponds with the 1991 TIs; Form DS-2054 and Form DS-3030 correspond with the 2007 TIs. Upon completing the applicant’s medical examination, the examining panel physician submits a report to the consular officer on Form DS-2053 or DS-2054. The medical finding by the panel physician or the CDC, if referred to that agency, is binding on the consular officer in adjudicating the alien’s eligibility. The information requested on the form is limited to the result of any diagnostic tests required for the diagnosis of the diseases identified as communicable disease of public health significance and other tests identified as necessary to confirm a medical ineligibility under INA 212(a)(1).
3. The medical forms are sent to the applicant in the applicant’s package. The applicant takes the forms to the panel physician to use during the medical examination. The forms are also available through the Department’s eForms application and can be downloaded and printed by a consular officer and given to the applicant or the panel physician. The Department is currently working with developers to create an electronic version of each medical form that will be made available to panel physicians via an online system connected to the Consular Electronic Application Center. The forms team hopes to pilot the new online system in late 2010.

4. The medical forms are used to collect specific information that facilitates the processing of immigrant, or in some cases nonimmigrant, visa cases. The information collected by the forms is not duplicative of information maintained elsewhere or otherwise available.
5. The information collection does not involve small business or other small entities.
6. This information collection is essential for determining the eligibility of aliens seeking immigrant or nonimmigrant visas to enter the United States. Panel physicians fill out the form one time for each medical examination of an immigrant or nonimmigrant visa applicant or refugee. It is not possible to collect the information less frequently since up-to-date medical information is needed to determine the eligibility of the applicant.
7. Not applicable. No such circumstances exist.
8. The Department of State (Office of Visa Services, Bureau of Consular Affairs) has solicited public comments on this collection via Public Notice published in the *Federal Register*. No comments were received. The Office of Visa Services also meets regularly with immigration experts of the Department of Homeland Security to coordinate policy. The Office of Visa Services also meets with student groups, business groups, the American Immigration Lawyers Association and other interested groups to discuss their opinions and suggestions regarding visas procedures and operations.
9. No payment or gift is provided to respondents.
10. Applicants are informed on the DS-2053 or DS-2054 that the Department “ask[s] for information on this form, in the case of applications for immigrant visas, to determine medical eligibility under INA Sections 212(a) and 221(d), and, in the case of refugees, as required under INA Section 412(b)(4) and (5). If a visa is issued or refugee status granted, you [the applicant] will convey this form to U.S. Department of Homeland Security (DHS) for disclosure to the Centers for Disease Control and Prevention and to the U.S. Public Health Service. If a visa is not issued or refugee status is not granted, this form will be treated as confidential under INA Section 222(f).” In accordance with Section 222(f) (Attachment 4), information obtained from the applicant is considered confidential and used only for the formulation, amendment, administration, or enforcement of the immigration, nationality, and other laws of the United States.
11. The questions on the collection are designed to solicit the medical information necessary to determine whether an applicant is eligible for entry under Section 212(a)(1) of the INA. The collection is used to determine whether refugees or immigrants have medical conditions affecting the public and requiring treatment.
12. Approximately 630,000 aliens annually apply for immigrant visas and refugee admission worldwide. A panel physician completes the form for each immigrant (or nonimmigrant) visa applicant and potential refugee. The estimated amount of time it takes for a medical professional to complete the medical exam is one hour. The increase in total number of forms in the collection does not affect the total time it takes to complete the exam because all applicants will be required to submit only four of the six forms. Therefore the annual hour burden to respondents is estimated to be 630,000 hours (630,000 x 1). This estimate includes the amount of time it takes the physician to examine the applicant.

13. Visa applicants bear all costs related to this medical examination. Based on an estimate of the average cost of medical examinations administered by panel physicians worldwide (\$100) and vaccinations (\$350) and the number of respondents per year, the estimated annual cost burden is \$283.5 million.
14. The Department estimates that the cost of this information collection to the Federal Government is, on average, approximately \$18.719 million per fiscal year. While immigrant visa applicants are responsible for all costs incurred during the medical examination process, refugee applicants' medical exam fees are covered by the Bureau of Population, Refugees and Migration (PRM). Consular officers review the form to ensure that there are no medical ineligibilities before adjudicating the immigrant visa application. The design of the form allows the consular officer to thoroughly review the form for an indication of medical ineligibility in a period of time lasting no more than one minute.
15. The Department of Health and Human Services (HHS) Centers for Disease Control and Prevention (CDC) posted a Federal Register Notice (11/13/2009) revising the vaccination criteria for U.S. immigration, effective December 14, 2009. As a result, the Zoster and HPV vaccines will be removed from the DS-3025 to reflect the new criteria. The burden time and costs will not be impacted, as these vaccines are only applicable to a small portion of the applicant pool and will not affect the overall average cost and time estimates.
16. A quantitative summary of all the Department of State's visa activities is published in the annual Report of the Visa Office.
17. Not applicable. The Department will display the expiration date for OMB approval of the information collection.
18. The Department is not requesting any exception to the certification statement identified in item 19 of OMB Form 83-I.

B. COLLECTION OF INFORMATION EMPLOYING STATISTICAL METHODS

This collection does not employ statistical methods.

Attachment 1: INA Section 221(d)

- (d) Prior to the issuance of an immigrant visa to any alien, the consular officer shall require such alien to submit to a physical and mental examination in accordance with such regulations as may be prescribed. Prior to the issuance of a nonimmigrant visa to any alien, the consular office may require such alien to submit to a physical or mental examination, or both, if in his opinion such examination is necessary to ascertain whether such alien is eligible to receive a visa.

Attachment 2: INA Section 212(a)(1)

- (a) Classes of Aliens Ineligible for Visas or Admission.—Except as otherwise provided in this Act, aliens who are inadmissible under the following paragraphs are ineligible to receive visas and ineligible to be admitted to the United States:
- (1) Health-related grounds.—
- (A) In general.—Any alien—
- (i) who is determined (in accordance with regulations prescribed by the Secretary of Health and Human Services) to have had a communicable disease of public health significance, which shall include infection with the etiologic agent for acquired immune deficiency syndrome,
 - (ii) except as provided in subparagraph (C) who seeks admission as an immigrant, or who seeks adjustment of status to the status of an alien lawfully admitted for permanent residence, and who has failed to present documentation of having received vaccination against vaccine-preventable diseases, which shall include at least the following disease: mumps, measles, rubella, polio, tetanus and diphtheria toxoids, pertussis, influenza type B and hepatitis B, and any other vaccination against vaccine-preventable diseases recommended by the Advisory Committee for Immunization Practices,
 - (iii) who is determined (in accordance with regulations prescribed by the Secretary of Health and Human Services in consultation with the Attorney General)—
 - (I) to have a physical or mental disorder and behavior associated with the disorder that may pose, or has posed, a threat to the property, safety, or welfare of the alien or others, or
 - (II) to have had a physical or mental disorder and a history of behavior associated with the disorder, which behavior has posed a threat to the property, safety, or welfare of the alien or others and which behavior is likely to recur or to lead to other harmful behavior, or
 - (iv) who is determined (in accordance with regulations prescribed by the Secretary of Health and Human Services) to be a drug abuser or addict, is inadmissible.

Attachment 3: INA Section 412(b)(4)(B)

(4) The Secretary shall—

- (A) assure that an adequate number of training staff are available at the location at which the refugees enter the United States to assure that all necessary medical records are available and in proper order;
- (B) provide for the identification of refugees who have been determined to have medical conditions affecting the public health and requiring treatment’
- (C) assure that State or local health officials at the resettlement destination within the United States of each refugee are promptly notified of the refugee’s arrival and provided with all applicable medical records; and
- (D) provide for such monitoring of refugees identified under subparagraph (B) as will insure that they receive appropriate and timely treatment

The Secretary shall develop and implement methods for monitoring and assessing the quality of medical screening and related health services provided to refugees awaiting resettlement in the United States.

Attachment 4: INA Section 222(f)

- (f) The records of the Department of State and of the diplomatic and consular offices of the United States 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, except that—
- (1) in the discretion of the Secretary of State certified copies of such records may be made available to a court which certifies that the information contained in such records is needed by the court in the interest of the ends of justice in a case pending before the court.
 - (2) the Secretary of State, in the Secretary's discretion and on the basis of reciprocity, may provide to a foreign government information in the Department's computerized visa lookout database and, when necessary and appropriate, other records covered by this section related to information in the database—
 - (A) with regard to individual aliens, at any time on a case-by-case basis for the purpose of preventing, investigating, or punishing acts that would constitute a crime in the United States, including, but not limited to, terrorism or trafficking in controlled substances, persons, or illicit weapons; or
 - (B) with regard to any or all aliens in the database, pursuant to such conditions as the Secretary of State shall establish in an agreement with the foreign government in which that government agrees to use such information and records for the purpose described in subparagraph (A) or to deny visas to person who would be inadmissible to the United States.