

# User Interface Design Presentation

## CEAC Medical OMB Submission Part 1



# Welcome Page: Not Signed In

Displayed for all users when first accessing the CEAC Medical website.



U.S. DEPARTMENT of STATE  
CONSULAR ELECTRONIC APPLICATION CENTER

Contact Us

Welcome to the Consular Electronic Application Center!

You are not signed in.

[Sign In](#)

#### What you need:

- Your Internet browser must support 128-bit encryption and must have javascript enabled.
- The minimum version of Internet Explorer (Windows) that this site supports is version 6.0 or higher.
- The minimum version of Firefox that this site supports is version 2.0 or higher.



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# Sign In Page

Displayed for all users.



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CONSULAR ELECTRONIC APPLICATION CENTER

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## CEAC Medical - Sign In

Sign In	
User Name:	<input type="text"/> (e.g. guest@yahoo.com)
Password:	<input type="password"/>
<input type="button" value="Sign In"/>	
<a href="#">Forgot Password?</a>	

**User Name:**  
Your user name is an email address.

**Password:**  
If you cannot remember your password, click the Forgot Password link.



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# Welcome Page: Signed In

Displayed for all users after signing in.

Welcome to the Consular Electronic Application Center!

Welcome  
GUEST  
[changepassword.aspx](#)

**What you need:**

- Your Internet browser must support 128-bit encryption and must have javascript enabled.
- The minimum version of Internet Explorer (Windows) that this site supports is version 6.0 or higher.
- The minimum version of Firefox that this site supports is version 2.0 or higher.

[Continue](#)

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- The user can select the Change Password link if he/she needs to change the password associated with his/her login.

# Select Applicant Page

Displayed for all users.

CEAC Medical - Select Applicant

## Search Form

Physician Location  
-SELECT ONE-

Applicant Type  
-SELECT ONE-

Select the type of applicant you are completing the forms for:

- Immigrant Visa
- Refugee
- K or Other Non-Immigrant Visas
- Follow-to-Join
- Special Immigrant Visas from Afghanistan or Iraq

**Help: Physician Location**  
Select the location of the physician completing the forms.

**Help: Applicant Type**  
Select the type of applicant you are completing the forms for.

**Immigrant Visa**

**Refugee**

**K and Other Non-Immigrant Visas**  
Fiancée visa applicants or other non-immigrant / temporary visitors

**Follow-to-Join**  
Visa 92 follow-to-join asylee or Visa 93 follow-to-join refugee. Family members of these applicants have already been admitted to the U.S. as asylees or refugees.

**Special Immigrant Visas from Afghanistan or Iraq**

- Iraqi SIV — those in SQ1 (or SI1, in the case of interpreters) status who have been employed by the US government in Iraq for a period of at least one year after, March 2003
- Afghan SIV — those in SQ1 (or SI1, in the case of interpreters) status who have been employed by the US government in Afghanistan for a period of at least one year, after October 2001



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- The user selects his/her location from the 'Physician Location' drop-down.
- The user selects the type of applicant from the 'Applicant Type' drop-down.

# Select Applicant Page: Immigrant Visa

Displayed if 'Applicant Type' is 'Immigrant Visa'.



## CEAC Medical - Select Applicant

### Search Form

Physician Location  
TOKYO

Applicant Type  
IMMIGRANT VISA

**Search Criteria:**

- The following items are required:
  - NVC Case Number or Passport/Travel Document Number
  - Surname (First five characters)
  - Year of Birth

NVC Case Number:  
(e.g., TKY2000744003)

Passport/Travel Document Number:

Surname:  
First five letters (e.g., SAMPL)

Year of Birth:  
(e.g., 1951)

**Help: Physician Location**  
Select the location of the physician completing the forms.

**Help: Applicant Type**  
Select the type of applicant you are completing the forms for.

**Immigrant Visa**

**Help: Case Number**  
Enter the case number provided by the applicant as provided to them, if they have one.

**Help: Passport/Travel Document Number**  
If the case number is not available, please enter the applicant's passport/travel document number.



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- The user fills in NVC Case Number or the Passport/Travel Document Number.
- The user fills in the Applicant's Surname and Year of Birth.
- The user clicks 'Submit' to retrieve a list of applicants that fits the search criteria.

# Select Applicant Page: Refugee Applicant

Displayed if 'Applicant Type' is 'Refugee Applicant'.



CEAC Medical - Select Applicant

## Search Form

Physician Location  
TOKYO

Applicant Type  
REFUGEE [Create new refugee](#)

**Search Criteria:**

- At least two of the following is required:
  - Passport/Travel Document Number
  - Surname
  - Year of Birth

**Reminder:**

- Please specify enough parameters to narrow your search. Very large queries will not be allowed to complete.

Passport/Travel Document Number:

Surname:

Given Name:

Date of Birth:     
• Begins With...   
• Exact Match...   
(Format: DD-MMM-YYYY)

**Help: Physician Location**  
Select the location of the physician completing the forms.

**Help: Applicant Type**  
Select the type of applicant you are completing the forms for.

**Refugee**

**Help: Create New Refugee**  
If your search did not return an applicant, click the Create New Refugee link. Once on the Create New Refugee page, enter the applicant's name, date of birth, and Passport Number or Travel Document Number as they appear on the document. Fill in as much of the other information as possible and click the Save button.

**Help: Passport/Travel Document Number**  
If the passport/travel document number is invalid or not available, please enter the applicant's surname and the applicant's year of birth.



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- The user enters 'Passport Number' or 'Travel Document Number'.
- The user selects 'Begins with' or 'Exact match' from the drop-down and enters the applicant's full or partial 'Surname' and 'Given Name'.
- The user enters 'Year of Birth'.
- The user clicks 'Submit'. If an applicant who matches the search criteria is found, he/she is displayed. If not, the user can select the 'Create New Refugee' link.

# Refugee Personal Information Page

Displayed if the user clicks the 'Create New Refugee' link on the Select Applicant page.



## CEACMed - Refugee Personal Information

<p><b>Surnames</b> <input type="text"/> (e.g., FERNANDEZ GARCIA)</p> <p><b>Given Names</b> <input type="text"/> (e.g., JUAN MIGUEL)</p> <p><b>Sex</b> <input type="radio"/> Male <input type="radio"/> Female</p> <p><b>Date of Birth</b> <input type="text"/> <input type="text"/> <input type="text"/> (Format: DD-MMM-YYYY)</p> <p><b>City of Birth</b> <input type="text"/> <b>State/Province of Birth</b> <input type="text"/> <input type="checkbox"/> Does Not Apply</p> <p><b>Country of Birth</b> <input type="text" value="- SELECT ONE -"/></p> <p>Provide the following information on your travel documentation: <b>Document Type</b> <input type="text" value="- SELECT ONE -"/></p> <p><b>Alien Registration Number</b> <input type="text"/> (e.g., A123456789)</p> <p><b>Prior Country of Residence</b> <input type="text" value="- SELECT ONE -"/></p>	<p><b>Help: Surnames</b> Enter all surnames as listed in your passport or travel documentation. If only one name is listed, enter that as your surname.</p> <p><b>Help: Given Names</b> Your given name includes any first name and any middle name that is listed in your passport or travel documentation. If your passport or travel documentation does not include a given name, please enter 'FNU' in Given Names.</p> <p><b>Help: Date of Birth</b> If day or month is unknown, enter as shown in passport or travel document.</p> <p><b>Help: Country of Birth</b> The name of the country should be the name that is currently in use for the place where you were born.</p> <p><b>Help: Travel Documentation</b> Enter the information on the travel document you will be using when traveling to the U.S. Your travel document should be a valid, unexpired passport or other valid, unexpired documentation that is sufficient to establish your identity and nationality. If you do not have a passport, contact the NVC.</p>
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- The user enters as many of the fields as are known and clicks 'Save'.



# Select Applicant Page: K And Other Non-Immigrant Visas

Displayed if 'Applicant Type' is 'K and Other Non-Immigrant Visas'.



CEAC Medical - Select Applicant

## Search Form

Physician Location  
TOKYO

Applicant Type  
K AND OTHER NON-IMMIGRANT VISAS

**Search Criteria:**

- At least two of the following is required:
  - Application Receipt/Petition Number
  - Surname (First five characters)
  - Year of Birth

Application Receipt/Petition Number:   
(e.g., WAC9308650642)

Surname:   
First five letters (e.g., SAMPL)

Year of Birth:   
(e.g., 1951)

**Help: Physician Location**

Select the location of the physician completing the forms.

**Help: Applicant Type**

Select the type of applicant you are completing the forms for.

**K and Other Non-Immigrant Visas**

Fiancée visa applicants or other non-immigrant / temporary visitors

**Help: Application Receipt/Petition Number**

The application receipt/petition number was given to the applicant by the Department of Homeland Security's United States Citizenship and Immigration Services (USCIS) after they filed their petition application at a USCIS Service Center. The application receipt/petition number is 13 characters long and the first three characters are letters.



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- The user enters 'Petition Number'.
- The user enters at least two of the following fields: 'Passport Number', 'Surname', or 'Year of Birth'.
- The user clicks 'Submit'. If an applicant who matches the search criteria is found, he/she is displayed.

# Select Applicant Page: Follow-to-Joins

Displayed if 'Applicant Type' is 'Follow-to-Join'.

## CEAC Medical - Select Applicant

### Search Form

Physician Location  
CIUDAD JUAREZ ▼

Applicant Type  
FOLLOW-TO-JOIN ▼

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**Search Criteria:**

- The following items are required:
  - NVC Case Number or Passport/Travel Document Number
  - Surname (First five characters)
  - Year of Birth

NVC Case Number:  
(e.g., TKY2000744003)

Passport/Travel Document Number:

Surname:  
First five letters (e.g., SAMPL)

Year of Birth:  
(e.g., 1951)

**Help: Physician Location**

Select the location of the physician completing the forms.

**Help: Applicant Type**

Select the type of applicant you are completing the forms for.

**Follow-to-Join**

Visa 92 follow-to-join asylee or Visa 93 follow-to-join refugee. Family members of these applicants have already been admitted to the U.S. as asylees or refugees.

**Help: Case Number**

Enter the case number provided by the applicant as provided to them, if they have one.

**Help: Passport/Travel Document Number**

If the case number is not available, please enter the applicant's passport/travel document number.



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- The user enters 'NVC Case Number' or 'Passport/Travel Document Number'.
- The user enters 'Surname' and 'Year of Birth'.
- The user clicks 'Submit'. If an applicant who matches the search criteria is found, he/she is displayed.

# Select Applicant Page: Special Immigrants from Iraq and Afghanistan

Displayed if 'Applicant Type' is 'Special Immigrant from Iraq and Afghanistan'.



CEAC Medical - Select Applicant

## Search Form

Physician Location  
CIUDAD JUAREZ

Applicant Type  
SPECIAL IMMIGRANT VISAS FROM AFGHANISTAN OR IRAQ

**Search Criteria:**

- The following items are required:
  - NVC Case Number or Passport/Travel Document Number
  - Surname (First five characters)
  - Year of Birth

NVC Case Number:   
(e.g., TKY2000744003)

Passport/Travel Document Number:

Surname:  
First five letters (e.g., SAMPL)

Year of Birth:  
(e.g., 1951)

**Help: Physician Location**

Select the location of the physician completing the forms.

**Help: Applicant Type**

Select the type of applicant you are completing the forms for.

**Special Immigrant Visas from Afghanistan or Iraq**

Iraqi SIV—those in SQ1 (or S11, in the case of interpreters) status who have been employed by the US government in Iraq for a period of at least one year after, March 2003.

Afghan SIV—those in SQ1 (or S11, in the case of interpreters) status who have been employed by the US government in Afghanistan for a period of at least one year, after October 2001.

**Help: Case Number**

Enter the case number provided by the applicant as provided to them, if they have one.

**Help: Passport/Travel Document Number**

If the case number is not available, please enter the applicant's passport/travel document number.



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- The user enters 'NVC Case Number' or 'Passport /Travel Document Number'.
- The user enters 'Surname' and 'Year of Birth'.
- The user clicks 'Submit'. If an applicant who matches the search criteria is found, he/she is displayed.

# Select Applicant Page: Search Results

Displayed for all users after entering search criteria and matches are found. The list of applicants will be the same for all applicant types.



CEAC Medical - Select Applicant

## Search Results

[Return to Search Form](#)

Select an applicant from the list below.

Case Num	Passport/Travel Doc	Applicant Name	Date of Birth	Medical Record Exists?	
CDJ2005607643		SAMPLE, MARIA	25AUG1974	<a href="#">Select</a>	<input type="checkbox"/>
CDJ2005607643		TEST, TEST	12JAN2011	<a href="#">Select</a>	<input type="checkbox"/>



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- All applicants that meet the search criteria are displayed. If there are multiple applicants associated to one case, they are displayed as well.
- The user clicks 'Select' for the applicant he/she would like to work on the forms.

# Summary Information Page: 2053e and 3024e

Displayed for users requiring the 2053e and 3024e set of forms.

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Contact Us | Sign Out  
Hi, GUEST@YAHOO.COM

DS2053    DS3025    DS3026    DS3024    Submit

CEAC Medical - Summary Information

**Applicant: MARIA SAMPLE**

**Medical Forms**

<b>DS-2053:</b> MEDICAL EXAMINATION FOR IMMIGRANT OR REFUGEE APPLICANT	<b>Incomplete</b>	<a href="#">View/Edit</a>
<b>DS-3025:</b> VACCINATION DOCUMENTATION WORKSHEET	<b>Incomplete</b>	<a href="#">View/Edit</a>
<b>DS-3026:</b> MEDICAL HISTORY AND PHYSICAL EXAMINATION WORKSHEET	<b>Incomplete</b>	<a href="#">View/Edit</a>
<b>DS-3024:</b> CHEST X-RAY AND CLASSIFICATION WORKSHEET	<b>Incomplete</b>	<a href="#">View/Edit</a>

**Help: Medical Forms**  
Select the medical form from the toolbar on the top of the page or from the table on the left.

[Back: Select Applicant](#)

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- The user selects the 'View/Edit' link to select the form to work on. The form will be displayed.
- The user selects the 'Back: Select Applicant' button if he/she would like to go back to Select Applicant pages.

# Summary Information Page: 2054e and 3030e

Displayed for users requiring the 2054e and 3030e set of forms.

**Applicant: MARIA SAMPLE**

**Medical Forms**

<b>DS-2054:</b> MEDICAL EXAMINATION FOR IMMIGRANT OR REFUGEE APPLICANT	Not Started	<a href="#">Start</a>
<b>DS-3025:</b> VACCINATION DOCUMENTATION WORKSHEET	Not Started	<a href="#">Start</a>
<b>DS-3026:</b> MEDICAL HISTORY AND PHYSICAL EXAMINATION WORKSHEET	Not Started	<a href="#">Start</a>
<b>DS-3030:</b> CHEST X-RAY AND CLASSIFICATION WORKSHEET	Not Started	<a href="#">Start</a>

**Help: Medical Forms**

Select the medical form from the toolbar on the top of the page or from the table on the left.

[Back: Select Applicant](#)

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- The user selects the 'View/Edit' link to select the form to work on. The form will be displayed.
- The user selects the 'Back: Select Applicant' button if he/she would like to go back to Select Applicant pages.

# DS-2053e: Getting Started Page

Displayed for all users requiring use of the 2053e form.

Home | Contact Us | Help | Sign Out

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COMPLETE PHOTO REVIEW SIGN

## Medical Examination For Immigrant Or Refugee Applicant (DS-2053e)

### Getting Started

NOTE: If there is no activity for 20 minutes or more in the process of completing this online application, your session will expire and some data might be lost. Data entered will be saved as you advance through the application by clicking the Next button. However, data on the current page will be lost if there is no activity for 20 minutes.

Click the button below to begin the Medical Examination For Immigrant Or Refugee Applicant (DS-2053e)

The following instructions contain important information about completing this form. Please read all instructions carefully.

Instructions for completing the Medical Examination For Immigrant Or Refugee Applicant (DS-2053e):

These forms can only be completed by panel physicians appointed by the Department of State. Please abide by the following guidelines in completing the forms:

1. Enter the information requested into the appropriate spaces in each window. Please answer all questions. Your answers must be in English and must use English characters, except when you are asked to provide your full name in your native alphabet. Letters like ñ, é, ú, ç are not recognized by the system. Please enter names like Muñoz and Sempin as Muroz and Sempin, unless otherwise asked.
2. Review the information you entered for accuracy.
3. All exams must be performed in accordance with the Centers for Disease Control and Prevention's (CDC) Technical Instructions and their updates.

Begin/Resume Medical Form Process:


Continue

- The user selects the 'Continue' button.

# DS-2053e: Personal Information Page

Displayed for all users requiring use of the 2053e form.

[Home](#) | [Contact Us](#) | [Help](#) | [Sign Out](#)

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**COMPLETE**      **PHOTO**      **REVIEW**      **SIGN**

---

**Medical Examination For Immigrant Or Refugee Applicant (DS-2053e)**

OMB CONTROL NUMBER: 1405-0113  
FORM NUMBER: DS-2053e  
EXPIRATION DATE: 04/30/2012  
ESTIMATED BURDEN: 10 MIN

## Personal Information

**Case Number**  
TKY2000744003  Did Not Provide

**A Number**  
  Did Not Provide

**Surname**  
SAMPLE

**Given Name**  
MARIA

**Sex**  
 Male  Female

**Date of Birth**  
01 JUN 1951  
(Format: DD-MMM-YYYY)

**Passport**

**Country/Authority That Issued Passport**  
- SELECT ONE -  Did Not Provide

**Passport Number**

**Place of Birth**

**City of Birth**  
  Did Not Provide

**Country of Birth**  
- SELECT ONE -

**Country of Residence**

**Present Country of Residence**  
- SELECT ONE -

**Prior Country of Residence**  
- SELECT ONE -  Does Not Apply

**U.S. Consul**

**U.S. Consul City**

**U.S. Consul Country**  
- SELECT ONE -

**PAPERWORK REDUCTION ACT:** 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: **A/GIS/DIR, Room 2400 5A-22, U.S. Department of State, Washington, DC 20522-2202**

**CONFIDENTIALITY STATEMENT: AUTHORITIES:** The information asked for on this form is requested pursuant to Section 212(a) and 221(d) and as required by Section 222 of the Immigration and Nationality Act. Section 222(f) provides that the records of the Department of State and of diplomatic and consular offices of the United States pertaining to the issuance and refusal of visas or permits to enter 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. Certified copies of such records may be made available to a court provided the court certifies that the information contained in such records is needed in a case pending before the court. **PURPOSE:** The U.S. Department of State uses the facts you provide on this form primarily to determine your classification and eligibility for a U.S. immigrant visa. Individuals who fail to submit this form or who do not provide all the requested information may be denied a U.S. immigrant visa. Although furnishing this information is voluntary, failure to provide this information may delay or prevent the processing of your case. **ROUTINE USES:** If you are issued an immigrant visa and are subsequently admitted to the United States as an immigrant, the Department of Homeland Security will use the information on this form to issue you a Permanent Resident Card, and, if you so indicate, the Social Security Administration will use the information to issue a social security number. The information provided may also be released to federal agencies for law enforcement, counterterrorism and homeland security purposes; to Congress and courts within their sphere of jurisdiction; and to other federal agencies who may need the information to administer or enforce U.S. laws.

[← Back: Getting Started](#)      [Save](#)      [Next: Medical Exam →](#)



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- The following fields are required: 'Surname', 'Given Name', 'Sex', 'Date of Birth', 'City of Birth' or 'Did Not Provide', 'Prior Country of Residence' or 'Does Not Apply', 'Passport Number' or 'Does Not Apply', 'A Number' or 'Does Not Apply', 'Case Number' or 'Does Not Apply'.
- 'Date of Birth' can be a partial date for refugee applicants; the full date is required for all other applicant types.



# DS-2053e: Medical Exam Information Page

Displayed for all users requiring use of the 2053e form.

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Medical Examination For Immigrant Or Refugee Applicant (DS-2053e)

## Medical Exam Information

Medical Exam Dates

Date of Medical Exam  
(Format: DD-MMM-YYYY)

Date of Prior Exam, if any  
(Format: DD-MMM-YYYY)  
 Does Not Apply

Date Exam Expires ⓘ  
(Format: DD-MMM-YYYY)

Exam Place

City

Country  
-SELECT ONE-

Screening Details

Panel Physician Surname

Panel Physician Given Name

Screening Site Name

Radiology Services

Lab Name for TB  
 Does Not Apply

Lab Name for Syphilis  
 Does Not Apply

◀ Back: Personal Information Save Next: Classification ▶

### Help: Navigation Buttons

Click on the buttons above to access previously entered data.



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- The following fields are required: 'Date of Medical Exam', 'Date of Prior Exam' or 'Does Not Apply', 'Date Exam Expires', 'Exam Place City', 'Exam Place Country', 'Lab Name for TB' or 'Does Not Apply' (if the applicant has a TB condition listed on the 2053e, the 'Lab Name for TB' field must be filled out), and 'Lab Name for Syphilis' or 'Does Not Apply'.
- 'Date of Medical Exam' must be a full date.
- 'Date of Prior Exam' can be a partial date.
- 'Date Exam Expires' must be a full date.

# DS-2053e: Classification Page

Displayed for all users requiring use of the 2053e form.

[Home](#) | [Contact Us](#) | [Help](#) | [Sign Out](#)

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CONSULAR ELECTRONIC APPLICATION CENTER

**COMPLETE**      PHOTO      REVIEW      SIGN

---

**Medical Examination For Immigrant Or Refugee Applicant (DS-2053e)**

## Classification

Check all boxes that apply.

These items cannot be selected together:  
Class A Syphilis / Class B Syphilis  
Class A Hansen's Disease / Class B Hansen's Disease options  
Class B Hansen's Disease multibacillary / Class B Hansen's Disease paucibacillary  
Class B active TB / Class B inactive TB

**No apparent defect, disease, or disability** (see DS-3024e, DS-3025e & DS-3026e)

**Class A Conditions (from DS-3024e)**

<input type="checkbox"/> TB, active, infectious (Class A, from DS-3024e)	<input type="checkbox"/> Lymphogranuloma venereum, untreated
<input type="checkbox"/> Syphilis, untreated	<input type="checkbox"/> Hansen's disease, untreated multibacillary
<input type="checkbox"/> Chancroid, untreated	<input type="checkbox"/> Addiction or abuse of specific substance ⓘ
<input type="checkbox"/> Gonorrhea, untreated	<input type="checkbox"/> Any physical or mental disorder (including other substance-related disorder) with harmful behavior or history of such behavior likely to recur
<input type="checkbox"/> Granuloma inguinale, untreated	

**Class B Conditions (from DS-3026e)**

<input type="checkbox"/> TB, active, noninfectious (Class B1, from DS-3024e) Treatment: <input type="radio"/> None <input type="radio"/> Partial <input type="radio"/> Completed	<input type="checkbox"/> Hansen's disease, treated, multibacillary Treatment: <input type="radio"/> Partial <input type="radio"/> Completed
<input type="checkbox"/> TB, inactive (Class B2 from DS-3024e) See TB Treatment Regimen page for details Treatment: <input type="radio"/> None <input type="radio"/> Partial <input type="radio"/> Completed	<input type="checkbox"/> Hansen's disease, paucibacillary Treatment: <input type="radio"/> None <input type="radio"/> Partial <input type="radio"/> Completed
<input type="checkbox"/> Syphilis (with residual deficit) treated within the last year	<input type="checkbox"/> Sustained, full remission of addiction or abuse of specific substances ⓘ
<input type="checkbox"/> Current pregnancy: Number of weeks pregnant: <input type="text"/>	<input type="checkbox"/> Any physical or mental disorder (excluding addiction or abuse of specific substance but including other substance-related disorder) without harmful behavior or history of such behavior unlikely to recur ⓘ
<input type="checkbox"/> Other (specify or give details on checked conditions above) <input style="width: 100%; height: 20px;" type="text"/>	

◀ Back: Medical Exam    Save    Next: Laboratory Findings ▶

- ✓ Getting Started
- ✓ Personal
- ✓ Medical Exam
- ✓ Classification ▶
- ✓ Laboratory Findings
- ✓ Immunizations
- ✓ TB Treatment Regimen

**Help: Navigation Buttons**

Click on the buttons above to access previously entered data.

# DS-2053e: Lab Findings Page

Displayed for all users requiring use of the 2053e form. Answered 'Not Done' to 'Syphilis Lab', no additional fields are displayed.

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Medical Examination For Immigrant Or Refugee Applicant (DS-2053e)

## Laboratory Findings

**Syphilis Lab**

Performed  
 Done  Not done

Help: Navigation Buttons  
Click on the buttons above to access previously entered data.

◀ Back: Classification Save Next: Immunizations ▶

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- The following fields are required: 'Done' or 'Not Done'.

# DS-2053e: Lab Findings Page

Displayed for all users requiring use of the 2053e form. Answered 'Done' to 'Syphilis Lab', the Screening Test fields are displayed.

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Medical Examination For Immigrant Or Refugee Applicant (DS-2053e)

## Laboratory Findings

### Syphilis Lab

Performed  
 Done  Not done

Screening Test

Screening Test Name  
- SELECT ONE -

Date Run  
(Format: DD-MMM-YYYY)

Result

Titer 1  
(Format: x:xxxx)

Notes \*Optional

- VDRL (Venereal Disease Reference Laboratory)
- RPR (Rapid Plasma Reagin)
- Positive
- Negative

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- The following fields are required: 'Done' or 'Not Done'.
- If the 'Result' field is 'Positive', the 'Confirmatory Test' fields will be displayed.
- 'Date Run' must be a full date.

# DS-2053e: Lab Findings Page

Displayed for all users requiring use of the 2053e form. Answered 'Done' to 'Syphilis Lab' and 'Positive' to 'Screening Test Result', the Confirmatory Test fields are displayed.

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Medical Examination For Immigrant Or Refugee Applicant (DS-2053e)

## Laboratory Findings

### Syphilis Lab

Performed  
 Done  Not done

Screening Test

Screening Test Name  
- SELECT ONE -

Date Run [ ] [ ] [ ] [ ] [ ] [ ]  
(Format: DD-MMM-YYYY)

Result  
POSITIVE

Titer 1  
[ ] [ ] [ ] [ ] [ ] [ ]  
(Format: x:xxxx)

Notes \*Optional

Confirmatory Test

Confirmatory Test Name  
- SELECT ONE -

Date Run [ ] [ ] [ ] [ ] [ ] [ ]  
(Format: DD-MMM-YYYY)

Result

Titer 1  
[ ] [ ] [ ] [ ] [ ] [ ]  
(Format: x:xxxx)

Notes \*Optional

• TPHA (Treponema Pallidum Hemagglutination Assay)  
• FTA-ABS (Florscent Treponemal Antibody Absorbed)

• Positive  
• Negative

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- The following fields are required: 'Done' or 'Not Done'.
- If the 'Result' field is 'Positive', the 'Treatment' fields will be displayed.
- 'Date Run' must be a full date.

# DS-2053e: Lab Findings Page

Displayed for all users requiring use of the 2053e form. Answered 'Done' to 'Syphilis Lab', 'Positive' to 'Screening Test Result', and 'Positive' to 'Confirmatory Test Result', the Treatment fields are displayed. Answered 'No' to 'Treatment', no additional fields are displayed.

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Medical Examination For Immigrant Or Refugee Applicant (DS-2053e)

Laboratory Findings

**Syphilis Lab**

Performed  
 Done  Not done

Screening Test

Screening Test Name  
- SELECT ONE -

Date Run [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  
(Format: DD-MMM-YYYY)

Result  
POSITIVE

Titer 1  
[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  
(Format: x:xxxx)

Notes \*Optional

Confirmatory Test

Confirmatory Test Name  
- SELECT ONE -

Date Run [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  
(Format: DD-MMM-YYYY)

Result  
POSITIVE

Titer 1  
[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  
(Format: x:xxxx)

Notes \*Optional

Treatment

Yes No  
  Treated

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- The following fields are required: 'Done' or 'Not Done'.

# DS-2053e: Lab Findings Page

Displayed for all users requiring use of the 2053e form. Answered 'Done' to 'Syphilis Lab', 'Positive' to 'Screening Test Result', and 'Positive' to 'Confirmatory Test Result', the Treatment fields are displayed. Answered 'Yes' to 'Treatment', additional fields are displayed.

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**Medical Examination For Immigrant Or Refugee Applicant (DS-2053e)**

- Getting Started
- Personal
- Medical Exam
- Classification
- Laboratory Findings ▶
- Immunizations
- TB Treatment Regimen

**Help: Navigation Buttons**

Click on the buttons above to access previously entered data.

## Laboratory Findings

### Syphilis Lab

Performed  
 Done  Not done

Screening Test

Screening Test Name  
- SELECT ONE -

Date Run    Result  Titer 1   
(Format: DD-MMM-YYYY) (Format: x:xxxx)

Notes *\*Optional*

Confirmatory Test

Confirmatory Test Name  
- SELECT ONE -

Date Run    Result  Titer 1   
(Format: DD-MMM-YYYY) (Format: x:xxxx)

Notes *\*Optional*

Treatment

Yes  No  Treated

Therapy:

Benzathine penicillin, 2.4 MU IM

Other (therapy, dose):E

Date(s) treatment given (3 doses for penicillin):

(Format: DD-MMM-YYYY) (Format: DD-MMM-YYYY) (Format: DD-MMM-YYYY)

◀ Back: Classification | Save | Next: Immunizations ▶



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- The following fields are required: 'Done' or 'Not Done'.
- 'Date(s) treatment given' must be full dates.

# DS-2053e: Immunizations Page

Displayed for all users requiring use of the 2053e form.

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## Medical Examination For Immigrant Or Refugee Applicant (DS-2053e)

### Immunizations

Not required for refugee applicants.

Vaccine History:

- Completed
- Incomplete
- Incomplete, requesting waiver

Waiver Type:

- Blanket waiver
- Individual waiver

◀ Back: Laboratory Findings   Save   Next: TB Treatment Regimen ▶

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- The user must select one of the options in the 'Vaccine History' drop-down.
- If 'Requesting Waiver' is selected from 'Vaccine History', then one of the options in 'Waiver Type' must be selected.



# DS-2053e: TB Treatment Regimen Page

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Medical Examination For Immigrant Or Refugee Applicant (DS-2053e)

## TB Treatment Regimen

Fill out if applicant has taken in the past, or is now taking TB medication. If drug doses or dates not known or not available, mark 'Unknown'.  
If currently prescribed, do not mark End Date.  
To add another TB Treatment Regimen, click on 'Add Another' at the bottom of the treatments area.

Not applicable

TB Treatments

Medication	Dose (e.g., mg)	Interval (e.g., daily)	Dates (Format: DD-MMM-YYYY)
- SELECT ONE -	<input type="text"/> <input type="checkbox"/> Unknown	<input type="text"/> <input type="checkbox"/> Unknown	Start: <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> Unknown End: <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> Currently prescribed <input type="checkbox"/> Unknown

[Add Another](#) [Remove](#)

Applicant's pre-treatment weight (kg)  
 .

Date  
    
(Format: DD-MMM-YYYY)

Remarks *\*Optional*

[Back: Immunizations](#) [Save](#) [Next: PHOTO](#)

### Help: Navigation Buttons

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- Isonaizid (INH)
- Rifampin
- Pyrazinamide
- Ethambutol
- Streptomycin
- Other (Specify)



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- The following fields are required: 'Not Applicable' or at least one row of medications.
- If there is a medication listed, the following must be filled in:
  - Medication
  - 'Currently prescribed', 'End Date', or 'Unknown'
  - 'Dose' or 'Unknown'
  - 'Interval' or 'Unknown'
  - 'Start Date' or 'Unknown'
- 'Start Date', 'End Date', and 'Date' must be full dates.

# DS-2053e: TB Treatment Regimen Page

Displayed for all users requiring use of the 2053e form. Answered 'Not Applicable', all fields are disabled.

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**Medical Examination For Immigrant Or Refugee Applicant (DS-2053e)**

## TB Treatment Regimen

Fill out if applicant has taken in the past, or is now taking TB medication. If drug doses or dates not known or not available, mark 'Unknown'.

If currently prescribed, do not mark End Date.

To add another TB Treatment Regimen, click on 'Add Another' at the bottom of the treatments area.

**Not applicable**

**TB Treatments**

Medication	Dose (e.g., mg)	Interval (e.g., daily)	Dates (Format:DD-MMM-YYYY)
<input type="text" value="- SELECT ONE -"/>	<input type="text"/> <input type="checkbox"/> Unknown	<input type="text"/> <input type="checkbox"/> Unknown	Start: <input type="text"/> <input type="checkbox"/> Unknown End: <input type="text"/> <input type="checkbox"/> Currently prescribed <input type="checkbox"/> Unknown

Applicant's pre-treatment weight (kg)  
 .

Date

Remarks *\*Optional*

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# DS-2053e: TB Treatment Regimen Page

Displayed for all users requiring use of the 2053e form. Answered 'OTHER (SPECIFY)' to 'Medication', 'Specify other medication' field is displayed.

## Medical Examination For Immigrant Or Refugee Applicant (DS-2053e)

### TB Treatment Regimen

Fill out if applicant has taken in the past, or is now taking TB medication. If drug doses or dates not known or not available, mark 'Unknown'.

If currently prescribed, do not mark End Date.

To add another TB Treatment Regimen, click on 'Add Another' at the bottom of the treatments area.

Not applicable

#### TB Treatments

Medication	Dose (e.g., mg)	Interval (e.g., daily)	Dates (Format: DD-MMM-YYYY)
OTHER (SPECIFY) Specify other medication: <input type="text"/>	<input type="text"/> <input type="checkbox"/> Unknown	<input type="text"/> <input type="checkbox"/> Unknown	Start: <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> Unknown End: <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> Currently prescribed <input type="checkbox"/> Unknown

[Add Another](#) [Remove](#)

Applicant's pre-treatment weight (kg)

 . 

Date

(Format: DD-MMM-YYYY)

Remarks *\*Optional*

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# DS-2053e: Upload Photo Page

Displayed for all users requiring use of the 2053e form.

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## Upload Photo

Click on the Upload Your Photo button below to access our photo submission system. Once there you will be given instructions on how to supply an approved photo for your Visa application. After you have selected the photo to upload and the system verifies the photo is acceptable, you will return to "Confirm Photo" to continue the application process.

**Help: Navigation Buttons**

Click on the buttons above to access previously entered data.

Upload Your Photo

Back: COMPLETE Save Next: Confirm Photo

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# DS-2053e: Upload Photo Page

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## Upload Photo

### Photo Quality Standards

In order to ensure the highest quality photos will be used in the final printed travel document, the Department of State has created a guide for you to use when creating and uploading your photos [\[see photo quality standards guide\]](#).

### Select Your Photo

Click the "Browse" button and choose a JPEG format image (i.e., .jpg file type) that is 240 KB or less in file size.

Selected Photo:

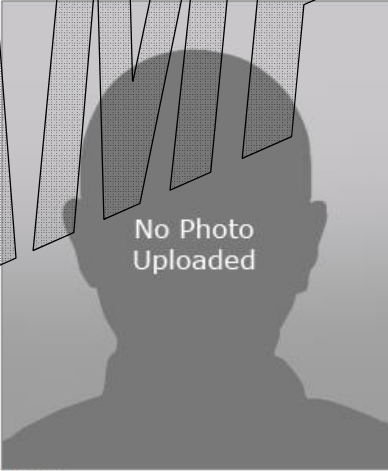


Photo:

◀ Back: Cancel

Next: Upload Selected Photo ▶



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# DS-2053e: Signature Page

Displayed for all users requiring the use of the 2053e form. Only users logged in as a Panel Physician can sign the page.

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Medical Examination For Immigrant Or Refugee Applicant (DS-2053e)  
Sign and Certify

Sign And Certify

Help: Navigation Buttons

Click on the buttons above to access previously entered data.

Read the following information carefully before dating, and electronically signing the form.

This form is now ready to be signed. By clicking "Sign Form," you are electronically signing the form. As a selected Panel Physician, you are required to electronically sign the form yourself. Your electronic signature certifies that you have performed this medical examination in accordance with the Centers for Disease Control and Prevention's (CDC) Technical Instructions and their updates, read and understood the questions in this form, and that your answers are true and correct to the best of your knowledge and belief.

Tuesday, October 26, 2010 - 11:50:30 AM EST

E-Signature

Enter your password:

Enter the code below as shown:

Click the button below to electronically sign the form:

Sign Form

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- The form cannot be signed unless the 3024, 3025, and 3026 have been signed.

# DS-2053e: Signature Page

Displayed after the panel physician has signed the 2053e form.



The screenshot shows the 'SIGN' step of the DS-2053e application process. The top navigation bar includes 'Home', 'Contact Us', 'Help', and 'Sign Out'. The main header identifies the 'U.S. DEPARTMENT of STATE CONSULAR ELECTRONIC APPLICATION CENTER'. A breadcrumb trail shows 'COMPLETE' > 'PHOTO' > 'REVIEW' > 'SIGN'. The current page title is 'Medical Examination For Immigrant Or Refugee Applicant (DS-2053e)'. A 'Sign And Certify' button is visible on the left. The main content area displays a confirmation message: 'You have successfully signed the form.' Below this, it instructs the user to 'Click 'Continue' to return to Summary page.' and provides a 'Continue' button. A footer section contains a 'C' logo and a disclaimer: 'This site is managed by the Bureau of Consular Affairs, U.S. Department of State. External links to other Internet sites should not be construed as an endorsement of the views contained therein.' with links for 'Copyright Information', 'Disclaimers', and 'Paperwork Reduction Act and Confidentiality Statement'.