

# User Interface Design Presentation

## CEAC Medical OMB Submission Part 2



# DS-2054e: Getting Started Page

Displayed for all users requiring use of the 2054e form.

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## 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-2054e)

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-2054e):**

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, ü, ç are not recognized by the system. Please enter names like Muñoz and Semonin as Munoz and Semoin, 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

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- The user selects the 'Continue' button.

# DS-2054e: Personal Information Page

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### Medical Examination For Immigrant Or Refugee Applicant (DS-2054e)

OMB CONTROL NUMBER: 1405-0113  
FORM NUMBER: DS-2054e  
EXPIRATION DATE: 04/30/2012  
ESTIMATED BURDEN: 10 MIN

## Personal Information

Case Number CDJ2005607643 <input type="checkbox"/> Did Not Provide	A Number <input type="text"/> <input type="checkbox"/> Did Not Provide
Surname SAMPLE	Given Name MARIA
Sex <input checked="" type="radio"/> Male <input type="radio"/> Female	Date of Birth 25   AUG   1974 (Format: DD-MMM-YYYY)
Country/Authority That Issued Passport - SELECT ONE -	Passport Number <input type="text"/> <input type="checkbox"/> Did Not Provide
City of Birth <input type="text"/> <input type="checkbox"/> Did Not Provide	Country of Birth - SELECT ONE -
Present Country of Residence - SELECT ONE -	Prior Country of Residence - SELECT ONE - <input type="checkbox"/> Does Not Apply
U.S. Consul City <input type="text"/>	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 SA-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; it must be a full date for all other applicant types.

# DS-2054e: Medical Exam Information Page

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Medical Examination For Immigrant Or Refugee Applicant (DS-2054e)

## 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 ▶



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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 2054e, 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-2054e: Classification Page

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Medical Examination For Immigrant Or Refugee Applicant (DS-2054e)

### Classification

Check all boxes that apply.

These items cannot be selected together:  
Class A Syphilis untreated / Class B Syphilis (with residual defect) treated within the last year  
Class A Hansen's Disease / Class B Hansen's Disease options  
Class B Hansen's Disease multibacillary / Class B Hansen's Disease paucibacillary  
Class B1 Pulmonary / Class B1 Extrapulmonary / Class B2  
Class A when TB active / All other classes (except B Other)

No apparent defect, disease, or disability (see DS-3025e, DS-3026e & DS-3030e)

Class A Conditions (from DS-3026e)

TB, active, infectious (Class A, from DS-3030e)

Syphilis, untreated

Chancroid, untreated

Gonorrhea, untreated

Granuloma inguinale, untreated

Lymphogranuloma venereum, untreated

Hansen's disease, untreated multibacillary

Addition or abuse of specific substance

Any physical or mental disorder (including other substance-related disorder) with harmful behavior or history of such behavior likely to recur

Class B Conditions (from DS-3030e)

Syphilis (with residual defect), treated within the last year

Hansen's disease, treated, multibacillary Treatment:  Partial  Completed

Hansen's disease, paucibacillary Treatment:  None  Partial  Completed

Sustained, full remission of addiction or abuse of specific substances

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

Class B1 TB, Pulmonary

No treatment

Completed treatment (Check all that apply and attach all laboratory and DOT documents)

By panel physician

By non-panel physician

Initial smear positive

Initial culture positive

Pre-treatment culture and DST results performed/available

Pre-treatment culture and/or DST results not performed/available

Class B1 TB, Extrapulmonary

Anatomic Site of Disease:

Treatment:  No treatment  Current treatment  Completed treatment

Class B2 TB, LTBI Evaluation

Test for TB infection positive:

TST  mm

IGRA Result:  SELECT ONE

TST or IGRA Conversion

Treatment:  No LTBI treatment  Current LTBI treatment  Completed LTBI treatment

Class B3 TB, Contact Evaluation

TST  mm

IGRA  SELECT ONE

Treatment:  No preventative treatment  Current preventative treatment  Completed preventative treatment

Source Case

Source Case Surname:

Source Case Given Name:

Alien Number:

Relationship to Contact:

Date Contact Ended:  /  /

Type of Source Case TB (Mark only one and PROVIDE DST RESULTS):

Pansusceptible TB

MDR TB (resistant to at least INH and rifampin)

Drug-resistant TB other than MDR TB

Culture negative

Culture results not available

Class B Other (specify or give details on checked conditions above)

Back Medical Exam Save Next Laboratory Findings

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- One of the main classification fields must be selected ('No apparent defect...', 'Class A Condition', or 'Class B Condition').
- If 'Class B Condition' is selected, either a field under the general 'Class B Condition' must be selected, or one of the sub-B classifications must be selected.

# DS-2054e: Classification Page, Top

Displayed for all users requiring use of the 2054e form.

## Medical Examination For Immigrant Or Refugee Applicant (DS-2054e)

### Classification

Check all boxes that apply.

These items cannot be selected together:

- Class A Syphilis untreated / Class B Syphilis (with residual deficit) treated within the last year
- Class A Hansen's Disease / Class B Hansen's Disease options
- Class B Hansen's Disease multibacillary / Class B Hansen's Disease paucibacillary
- Class B1 Pulmonary / Class B1 Extrapulmonary / Class B2
- Class A when TB active / All other classes (except B Other)

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.

No apparent defect, disease, or disability (see DS-3025e, DS-3026e & DS-3030e)

Class A Conditions (from DS-3026e)

TB, active, infectious (Class A, from DS-3030e)

Syphilis, untreated

Chancroid, untreated

Gonorrhea, untreated

Granuloma inguinale, untreated

Lymphogranuloma venereum, untreated

Hansen's disease, untreated multibacillary

Addiction or abuse of specific substance [i](#)

Any physical or mental disorder (including other substance-related disorder) with harmful behavior or history of such behavior likely to recur

Class B Conditions (from DS-3030e)

Syphilis (with residual defect), treated within the last year

Current pregnancy

Number of weeks pregnant:

Sustained, full remission of addiction or abuse of specific substances [i](#)

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 [i](#)

Class B1 TB, Pulmonary

No treatment

Completed treatment (Check all that apply and attach all laboratory and DOT documents)

By panel physician

Initial smear positive

Pre-treatment culture and DST results performed/available

By non-panel physician

Initial culture positive

Pre-treatment culture and/or DST results not performed/available

Class B1 TB, Extrapulmonary

Anatomic Site of Disease:

Treatment:

No treatment

Current treatment

Completed treatment

# DS-2054e: Classification Page, Bottom

Displayed for all users requiring use of the 2054e form.

**Class B2 TB, LTBI Evaluation**

Test for TB infection positive:

TST  mm

IGRA Result:

TST or IGRA Conversion

Treatment: [?](#)

No LTBI treatment

Current LTBI treatment

Completed LTBI treatment

**Class B3 TB, Contact Evaluation**

TST  mm

IGRA

Treatment: [?](#)

No preventative treatment

Current preventative treatment

Completed preventative treatment

Source Case

Source Case Surname

Source Case Given Name

Alien Number

Relationship to Contact

Date Contact Ended

Type of Source Case TB (Mark only one and PROVIDE DST RESULTS):

Pansusceptible TB

MDR TB (resistant to at least INH and rifampin)

Drug-resistant TB other than MDR TB

Culture negative

Culture results not available

**Class B Other (specify or give details on checked conditions above)**



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# DS-2054e: Laboratory Findings Page

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Medical Examination For Immigrant Or Refugee Applicant (DS-2054e)

## Laboratory Findings

**Syphilis Lab**

Performed  
 Done  Not done

**Test for Cell-Mediated Immunity to TB**  
*(required for all applicants 2 through 14 years of age; perform one type only)*

Test Type:  
 TST  IGRA

◀ Back: Classification Save Next: Immunizations ▶

**Help: Navigation Buttons**

Click on the buttons above to access previously entered data.

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



# DS-2054e: Laboratory Findings Page

Displayed for all users requiring use of the 2054e form. Answered 'Not Done' to 'Syphilis' and 'TST' to 'Test for Cell-Mediated Immunity to TB'.

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Medical Examination For Immigrant Or Refugee Applicant (DS-2054e)

## Laboratory Findings

**Syphilis Lab**

Performed  
 Done  Not done

**Test for Cell-Mediated Immunity to TB**  
*(required for all applicants 2 through 14 years of age; perform one type only)*

Test Type:  
 TST  IGRA

TST Result:  
 mm

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

◀ Back: Classification Save Next: Immunizations ▶

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- The following fields are required: 'Done' or 'Not Done'.
- If 'TST' is selected, the 'TST Result' and 'Date Applied' fields are displayed.
- 'Date Applied' must be a full date.

# DS-2054e: Laboratory Findings Page

Displayed for all users requiring use of the 2054e form. Answered 'Not Done' to 'Syphilis' and 'IGRA' to 'Test for Cell-Mediated Immunity to TB'.

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Medical Examination For Immigrant Or Refugee Applicant (DS-2054e)

## Laboratory Findings

**Syphilis Lab**

Performed  
 Done  Not done

**Test for Cell-Mediated Immunity to TB**  
*(required for all applicants 2 through 14 years of age; perform one type only)*

Test Type:  
 TST  IGRA

Name of IGRA Test:

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

Nil Value (IU/ml or number of cells):

TB Response (TB-nil, IU/ml or number of cells): ⓘ

IGRA Interpretation:  
- SELECT ONE -

- Positive
- Negative
- Indeterminate, Borderline, Equivocal

◀ Back: Classification Save Next: Immunizations ▶

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- The following fields are required: 'Done' or 'Not Done'.
- If 'IGRA' is selected, the 'Name of IGRA Test', 'Date drawn', 'Nil Value', 'TB Response Interpretation', and 'IGRA Result' fields are displayed.
- 'Date drawn' must be a full date.

# DS-2054e: Laboratory Findings Page

Displayed for all users requiring use of the 2054e form. Answered 'Done' to 'Syphilis'.

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Medical Examination For Immigrant Or Refugee Applicant (DS-2054e)

## 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)

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

Notes \*Optional

Help: Navigation Buttons

Click on the buttons above to access previously entered data.

Test for Cell-Mediated Immunity to TB  
(required for all applicants 2 through 14 years of age; perform one type only)

Test Type:  
 TST  IGRA

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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-2054e: Laboratory Findings Page

Displayed for all users requiring use of the 2054e 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-2054e)

## 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

### Test for Cell-Mediated Immunity to TB

(required for all applicants 2 through 14 years of age; perform one type only)

Test Type:  
 TST  IGRA

◀ Back: Classification Save Next: Immunizations ▶

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



# DS-2054e: Immunizations Page

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## Medical Examination For Immigrant Or Refugee Applicant (DS-2054e)

### 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 'Incomplete, requesting waiver' is selected from 'Vaccine History', then one of the options in 'Waiver Type' must be selected.

# DS-2054e: TB Treatment Regimen Page

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Medical Examination For Immigrant Or Refugee Applicant (DS-2054e)

## 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](#)



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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-2054e: TB Treatment Regimen Page

Displayed for all users requiring use of the 2054e form. Answered 'Not Applicable', all fields are disabled.

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Medical Examination For Immigrant Or Refugee Applicant (DS-2054e)

## 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

Applicant's pre-treatment weight (kg)  
 .

Date  
--

Remarks *\*Optional*

◀ Back: ImmunizationsSaveNext: PHOTO ▶




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# DS-2054e: TB Treatment Regimen Page

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Medical Examination For Immigrant Or Refugee Applicant (DS-2054e)

## 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="text"/>	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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## 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.

**Upload Your Photo**

Back: COMPLETE Save Next: Confirm Photo

**Help: Navigation Buttons**

Click on the buttons above to access previously entered data.

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# DS-2054e: Upload Photo Page

Displayed for all users requiring use of the 2054e form.



U.S. DEPARTMENT of STATE  
CONSULAR ELECTRONIC APPLICATION CENTER

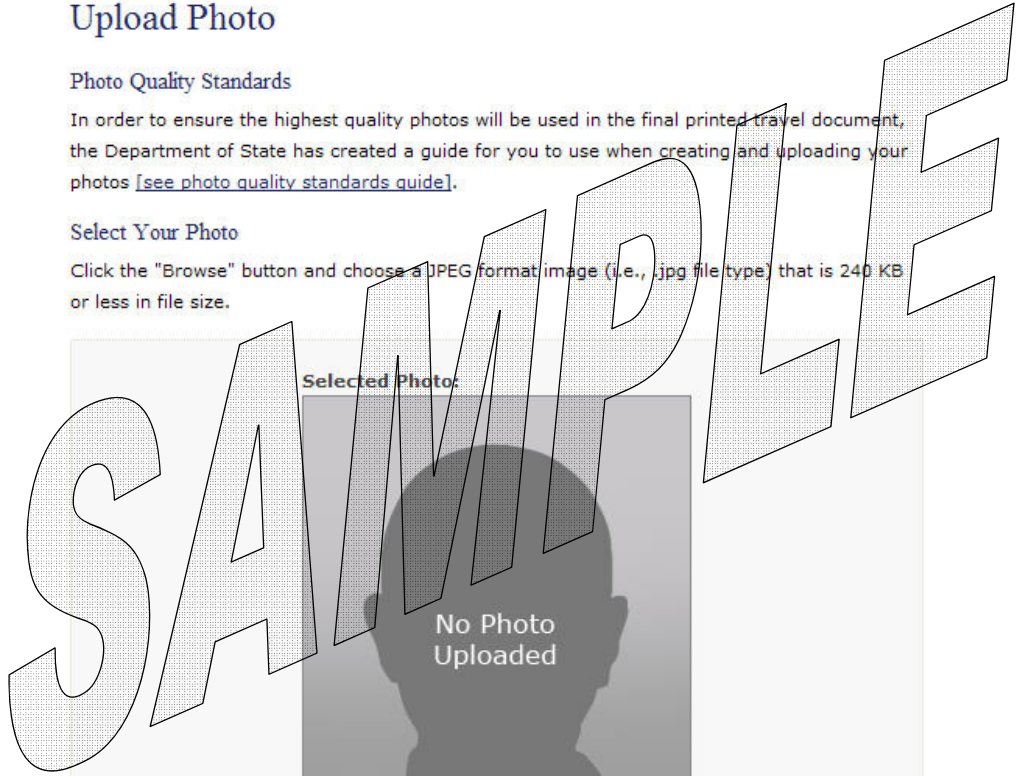
## Upload Photo

### 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:

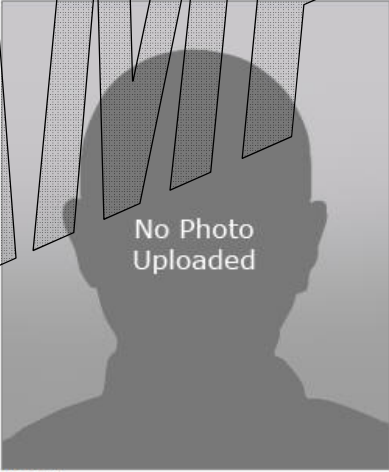


Photo:

◀ Back: Cancel

Next: Upload Selected Photo ▶



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# DS-2054e: Signature Page

Displayed for all users requiring the use of the 2054e form. Only users logged in as a Panel Physician can sign the page.



The screenshot shows the top navigation bar with links for Home, Contact Us, Help, and Sign Out. Below this is the U.S. Department of State logo and the text "U.S. DEPARTMENT of STATE CONSULAR ELECTRONIC APPLICATION CENTER". A progress bar indicates the current step is "SIGN", with previous steps "COMPLETE", "PHOTO", and "REVIEW" shown as completed. The main heading is "Medical Examination For Immigrant Or Refugee Applicant (DS-2054e)". A "Sign And Certify" button is visible. A "Help: Navigation Buttons" section explains that clicking the buttons above accesses previously entered data. The main content area contains instructions to read information carefully before signing, a timestamp of "Thursday, October 28, 2010 - 8:04:48 AM EST", and an "E-Signature" section with fields for "Enter your password:" and "Enter the code below, as shown:". A "Sign Form" button is at the bottom. A large "SAMPLE" watermark is overlaid on the page, and a "UNCLASS" stamp is visible over the password field.

- The form cannot be signed unless the 3030, 3025, and 3026 have been signed.

# DS-2054e: Signature Page

Displayed after the panel physician has signed the 2054e form.

The screenshot shows the 'SIGN' step of the DS-2054e application process. At the top, there is a navigation bar with 'Home', 'Contact Us', 'Help', and 'Sign Out' links. Below this is the U.S. Department of State logo and the text 'U.S. DEPARTMENT of STATE CONSULAR ELECTRONIC APPLICATION CENTER'. A progress bar indicates the current step is 'SIGN', with previous steps 'COMPLETE', 'PHOTO', and 'REVIEW' shown as completed. The main heading is 'Medical Examination For Immigrant Or Refugee Applicant (DS-2054e)' with a 'Sign and Certify' sub-heading. A 'Sign And Certify' button is visible on the left. A 'Unsign' button is located in the top right corner. The central message states 'You have successfully signed the form.' and instructs the user to 'Click 'Continue' to return to Summary page.' with a 'Continue' button below. A 'Help: Navigation Buttons' section on the left explains that clicking the buttons above accesses previously entered data. At the bottom, a footer 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'.

# DS-3024e: Getting Started Page

Displayed for all users requiring use of the 3024e form.

Home | Contact Us | Help | Sign Out

U.S. DEPARTMENT of STATE  
CONSULAR ELECTRONIC APPLICATION CENTER

COMPLETE REVIEW SIGN

## Chest X-Ray And Classification Worksheet (DS-3024e)

### 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 Chest X-Ray And Classification Worksheet (DS-3024e)

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

#### Instructions for completing the Chest X-Ray And Classification Worksheet (DS-3024e)

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 Semonin as Munoz and Semonin, 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


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- The user selects the 'Continue' button.

# DS-3024e: Personal Information Page

Displayed for all users requiring use of the 3024e form.

Home | Contact Us | Help | Sign Out

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COMPLETE REVIEW SIGN

Chest X-Ray And Classification Worksheet (DS-3024e)

OMB CONTROL NUMBER: 1405-0113  
FORM NUMBER: DS-3024e  
EXPIRATION DATE: 04/30/2012  
ESTIMATED BURDEN: 10 MIN

## Personal Information

Case Number:   Did Not Provide

A Number:   Did Not Provide

Surname:  Given Name:

Date of Birth:    Current Age: 59  
(Format: DD-MMM-YYYY)

Passport

Country/Authority That Issued Passport:  Passport Number:   Did Not Provide

**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 SA-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: Chest X-Ray Indication ▶

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- The following fields are required: 'Surname', 'Given Name', 'Date of Birth', '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; must be a full date for all other applicant types.



# DS-3024e: Chest X-Ray Indication Page

Displayed for all users requiring use of the 3024e form.

Home | Contact Us | Help | Sign Out

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COMPLETE REVIEW SIGN

Chest X-Ray And Classification Worksheet (DS-3024e)

## Chest X-Ray Indication

Mark all that apply.

**Summary of information from other pages**

- History of Tuberculosis (TB) Disease
- Contact with Person with TB
- TB Signs or Symptoms
- Adult (With or without any of the other indications)
- None of the above

◀ Back: Personal Information Save Next: Chest X-Ray Findings ▶

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- If the applicant's age is 15 or over, the 'Adult' field must be selected.

# DS-3024e: Chest X-Ray Findings Page

Displayed for all users requiring use of the 3024e form.

Home | Contact Us | Help | Sign Out

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COMPLETE REVIEW SIGN

### Chest X-Ray And Classification Worksheet (DS-3024e)

## Chest X-Ray Findings

No information is available from related pages.

Getting Started  
Personal  
Chest X-Ray Indication  
Chest X-Ray Findings  
Sputum Smears  
Classifications  
Follow-Up

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

Date Chest X-Ray Taken:  
    
(Format: DD-MMM-YYYY)

Findings:  
  Normal  
 Abnormal

Remarks *\*Optional*

This portion of the form is now ready to be signed. By clicking "Radiologist Signature," you are electronically signing this portion of the form. You are required to electronically sign this portion of the form yourself. Your electronic signature certifies that you have read and understood the questions on this portion of the form and that your answers are true and correct to the best of your knowledge and belief.

3/18/2011 10:00:01 AM

**Radiologist Signature and Date Interpreted**

I certify that all statements and answers that appear in this portion of the form are true and complete to the best of my knowledge and belief.

Enter your password:

Enter the code below as shown:  
 



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- The user must select either 'Normal' or 'Abnormal' from 'Findings'.
- 'Date Chest X-Ray Taken' must be a full date.
- For the radiologist to sign, both the 'Chest X-Ray Indication' and 'Chest X-Ray Findings' pages must be completed.

# DS-3024e: Chest X-Ray Findings Page

Displayed for all users requiring use of the 3024e form. Answered 'Normal Findings' to 'Findings', no additional fields are displayed.

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

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CONSULAR ELECTRONIC APPLICATION CENTER

COMPLETE      REVIEW      SIGN

---

**Chest X-Ray And Classification Worksheet (DS-3024e)**

## Chest X-Ray Findings

**No information is available from related pages.**

Date Chest X-Ray Taken:  
    
(Format: DD-MMM-YYYY)

Findings:

Remarks *\*Optional*

This portion of the form is now ready to be signed. By clicking "Radiologist Signature," you are electronically signing this portion of the form. You are required to electronically sign this portion of the form yourself. Your electronic signature certifies that you have read and understood the questions on this portion of the form and that your answers are true and correct to the best of your knowledge and belief.

3/18/2011 10:00:01 AM

**Radiologist Signature and Date Interpreted**

I certify that all statements and answers that appear in this portion of the form are true and complete to the best of my knowledge and belief.

Enter your password:

Enter the code below as shown:



◀ Back: Chest X-Ray Indication       Save      Next: Sputum Smears ▶



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# DS-3024e: Chest X-Ray Findings Page

Displayed for all users requiring use of the 3024e form. Answered 'Abnormal Findings' to 'Findings', additional fields are displayed.

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Home | Contact Us | Help | Sign Out

COMPLETE REVIEW SIGN

Chest X-Ray And Classification Worksheet (DS-3024e)

### Chest X-Ray Findings

No information is available from related pages.

Date Chest X-Ray Taken: [DD] [MM] [YYYY]  
(Format: DD-MMM-YYYY)

Findings: [ABNORMAL FINDINGS]

(Indicate category and finding, checking all that apply, in the table below).

Yes No  
  **Can suggest ACTIVE TB (Need smears)**

Yes No  
  Infiltrate or consolidation  
  Any cavitary lesion  
  Nodule or mass with poorly defined margins (such as tuberculoma)  
  Pleural effusion  
  Hilar/mediastinal adenopathy with or without atelectasis  
  Other (such as miliary findings)

Yes No  
  **Can suggest INACTIVE TB (Need smears if symptomatic)**

Yes No  
  Discrete fibrotic scar or linear opacity (fibrotic scar)  
  Discrete nodule(s) without calcification  
  Discrete linear opacity (fibrotic scar) with volume loss or retraction  
  Other (such as bronchiectasis)

Yes No  
  **OTHER X-Ray Findings**

Yes No  
  Follow-Up Needed (mark as "Class B Other")

Yes No  
  Musculoskeletal  
  Cardiac  
  Pulmonary, non-TB (e.g., emphysema)  
  Other

No Follow-Up Needed for Pleural thickening, diaphragmatic tenting, calcified pulmonary nodule(s), calcified lymph node(s), calcified lymph node(s) with calcified pulmonary nodule(s), or minor musculoskeletal findings

Remarks \*Optional

This portion of the form is now ready to be signed. By clicking "Radiologist Signature," you are electronically signing this portion of the form. You are required to electronically sign this portion of the form yourself. Your electronic signature certifies that you have read and understood the questions on this portion of the form and that your answers are true and correct to the best of your knowledge and belief.

3/18/2011 10:00:01 AM

**Radiologist Signature and Date Interpreted**

I certify that all statements and answers that appear in this portion of the form are true and complete to the best of my knowledge and belief.

Enter your password:

Enter the code below as shown:

**Radiologist Signature**

Back: Chest X-Ray Indication Save Next: Sputum Smears



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- If 'Abnormal' is selected, at least one of the following must be selected as 'Yes': 'Can suggest Active TB', 'Can suggest Inactive TB', or 'Other Findings'.
- All fields in the selected area must be answered 'Yes' or 'No'.

# DS-3024e: Chest X-Ray Findings Page, Top

Displayed for all users requiring use of the 3024e form. Answered 'Abnormal Findings' to 'Findings', additional fields are displayed.

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COMPLETEREVIEWSIGN

## Chest X-Ray And Classification Worksheet (DS-3024e)

### Chest X-Ray Findings

**No information is available from related pages.**

Date Chest X-Ray Taken:  
    
(Format: DD-MMM-YYYY)

Findings:  
  
(Indicate category and finding, checking all that apply, in the table below).

Yes No  
  **Can suggest ACTIVE TB (Need smears)**

Yes No

Infiltrate or consolidation

Any cavitary lesion

Nodule or mass with poorly defined margins (*such as tuberculoma*)

Pleural effusion [?](#)

Hilar/mediastinal adenopathy with or without atelectasis

Other (*such as miliary findings*)

Yes No  
  **Can suggest INACTIVE TB (Need smears if symptomatic)**

Yes No

Discrete fibrotic scar or linear opacity (*fibrotic scar*)

Discrete nodule(s) without calcification

Discrete linear opacity (*fibrotic scar*) with volume loss or retraction

Other (*such as bronchiectasis*)

- ✓ Getting Started
- ✓ Personal
- ✓ Chest X-Ray Indication
- Chest X-Ray Findings ▶
- ✓ Sputum Smears
- ✓ Classifications
- ✓ Follow-Up

**Help: Navigation Buttons**

Click on the buttons above to access previously entered data.

CEAC Medical OMB Package

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# DS-3024e: Chest X-Ray Findings Page, Bottom

Displayed for all users requiring use of the 3024e form. Answered 'Abnormal Findings' to 'Findings', additional fields are displayed.

Yes No  
  **OTHER X-Ray Findings**

Yes No  
  Follow-Up Needed (mark as "Class B Other")

Yes No  
  Musculoskeletal  
  Cardiac  
  Pulmonary, non-TB (e.g., emphysema)  
  Other

No Follow-Up Needed for Pleural thickening, diaphragmatic tenting, calcified pulmonary nodule(s), calcified lymph node(s), calcified lymph node(s) with calcified pulmonary nodule(s), or minor musculoskeletal findings

Remarks *\*Optional*

This portion of the form is now ready to be signed. By clicking "Radiologist Signature," you are electronically signing this portion of the form. You are required to electronically sign this portion of the form yourself. Your electronic signature certifies that you have read and understood the questions on this portion of the form and that your answers are true and correct to the best of your knowledge and belief.


3/18/2011 10:00:01 AM

**Radiologist Signature and Date Interpreted**


I certify that all statements and answers that appear in this portion of the form are true and complete to the best of my knowledge and belief.

Enter your password:

Enter the code below as shown:

**MTAGS** 

**Radiologist Signature**

◀ Back: Chest X-Ray Indication     Save    Next: Sputum Smears ▶



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# DS-3024e: Sputum Smears Page

Displayed for all users requiring use of the 3024e form.

The screenshot shows the DS-3024e web application interface. At the top, there is a navigation bar with links for Home, Contact Us, Help, and Sign Out. Below this is the U.S. Department of State Consular Electronic Application Center logo. The main header area is divided into three sections: COMPLETE, REVIEW, and SIGN. The current page is titled "Chest X-Ray And Classification Worksheet (DS-3024e)". On the left side, there is a vertical navigation menu with options: Getting Started, Personal, Chest X-Ray Indication, Chest X-Ray Findings, Sputum Smears (selected), Classifications, and Follow-Up. Below the menu is a "Help: Navigation Buttons" section with instructions: "Click on the buttons above to access previously entered data." The main content area is titled "Sputum Smears" and contains a "Summary of information from other pages" section with "X-Ray Findings: Normal". Below this is a "Sputum Smear Findings:" section with "Yes No" and a checkbox for "Applicant has signs or symptoms of TB". At the bottom of the main content area, there are three buttons: "Back: X-Ray Findings", "Save", and "Next: Classifications". At the very bottom of the page, there is a footer with a logo and text: "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. Copyright Information Disclaimers Paperwork Reduction Act and Confidentiality Statement".

- The user must select either 'Yes' or 'No' for 'Applicant has signs or symptoms of TB'.

# DS-3024e: Sputum Smears Page

Displayed for all users requiring use of the 3024e form. Answered 'Yes, Applicant has' to 'Sputum Smear Findings'.

U.S. DEPARTMENT of STATE  
CONSULAR ELECTRONIC APPLICATION CENTER

Home | Contact Us | Help | Sign Out

COMPLETE REVIEW SIGN

Chest X-Ray And Classification Worksheet (DS-3024e)

## Sputum Smears

**Summary of information from other pages**  
**X-Ray Findings:** Normal

Sputum Smear Findings:  
Yes No  
  Applicant has signs or symptoms of TB  
(Mark all that apply)

Applicant has...

Signs or Symptoms of TB (See Chest X-Ray Indication page)  
 X-Ray Suggests ACTIVE TB (See Chest X-Ray Findings page)

Sputum Smears

Result	Date Specimen Obtained (Format DD-MMM-YYYY)	
Smear 1: - SELECT ONE -	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Does not apply
Smear 2: - SELECT ONE -	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Does not apply
Smear 3: - SELECT ONE -	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Does not apply

Sputum Smears and X-Ray

**At least One Smear Result POSITIVE and:**  
 Any Chest X-Ray Finding (Normal or Abnormal findings), this is Class A/TB

**Three Smear Results NEGATIVE and:**  
 X-Ray Normal with:  
 Signs or Symptoms Resolved, this is No Class  
 Signs or Symptoms suggest follow-up needed after arrival, this is B Other

X-Ray suggests ACTIVE or INACTIVE TB, this is Class B1/TB  
 OTHER X-Ray findings suggest follow-up needed after arrival, this is Class B Other

◀ Back: X-Ray Findings Save Next: Classifications ▶

- Positive
- Negative



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- If 'Yes' is selected to 'Applicant has signs or symptoms of TB', the following fields must be filled in:
  - 'Smear 1 Result' and 'Date Specimen Obtained'
  - 'Smear 2 Result' and 'Date Specimen Obtained' or 'Does Not Apply'
  - 'Smear 3 Result' and 'Date Specimen Obtained' or 'Does Not Apply'
- 'Date Specimen Obtained' must be a full date.



# DS-3024e: Sputum Smears Page

Displayed for all users requiring use of the 3024e form. Answered 'Yes, Applicant has' to 'Sputum Smear Findings' and at least one of the 'Sputum Smear Results' is 'Positive', an additional field is enabled.

Home | Contact Us | Help | Sign Out

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COMPLETE REVIEW SIGN

Chest X-Ray And Classification Worksheet (DS-3024e)

## Sputum Smears

**Summary of information from other pages**  
**X-Ray Findings:** Normal

Sputum Smear Findings:  
Yes No  
  Applicant has signs or symptoms of TB  
(Mark all that apply)

Applicant has...

Signs or Symptoms of TB (See Chest X-Ray Indication page)  
 X-Ray Suggests ACTIVE TB (See Chest X-Ray Findings page)

Sputum Smears

Result	Date Specimen Obtained (Format DD-MMM-YYYY)	
Smear 1: <input type="text" value="NEGATIVE"/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<input type="checkbox"/> Does not apply
Smear 2: <input type="text" value="NEGATIVE"/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<input type="checkbox"/> Does not apply
Smear 3: <input type="text" value="POSITIVE"/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	

Sputum Smears and X-Ray

**At least One Smear Result POSITIVE and:**

Any Chest X-Ray Finding (Normal or Abnormal findings), this is **Class A/TB**

**Three Smear Results NEGATIVE and:**

X-Ray Normal with:

Signs or Symptoms Resolved, this is **No Class**  
 Signs or Symptoms suggest follow-up needed after arrival, this is **B Other**

X-Ray suggests ACTIVE or INACTIVE TB, this is **Class B1/TB**  
 OTHER X-Ray findings suggest follow-up needed after arrival, this is **Class B Other**

◀ Back: X-Ray Findings   Save   Next: Classifications ▶



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- If one of the smear results is 'Positive', the user should select the 'Any Chest X-Ray Finding' field.

# DS-3024e: Sputum Smears Page

Displayed for all users requiring use of the 3024e form. Answered 'Yes, Applicant has' to 'Sputum Smear Findings' and all three of the 'Sputum Smear Results' are 'Negative', additional fields are enabled.

U.S. DEPARTMENT of STATE  
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Home | Contact Us | Help | Sign Out

COMPLETE REVIEW SIGN

Chest X-Ray And Classification Worksheet (DS-3024e)

## Sputum Smears

**Summary of information from other pages:**  
**X-Ray Findings:** Normal

Sputum Smear Findings:  
Yes No  
  Applicant has signs or symptoms of TB  
(Mark all that apply)

Applicant has...

Signs or Symptoms of TB (See Chest X-Ray Indication page)  
 X-Ray Suggests ACTIVE TB (See Chest X-Ray Findings page)

Sputum Smears

Result	Date Specimen Obtained (Format DD-MMM-YYYY)	
Smear 1: <input type="text" value="NEGATIVE"/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<input type="checkbox"/> Does not apply
Smear 2: <input type="text" value="NEGATIVE"/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<input type="checkbox"/> Does not apply
Smear 3: <input type="text" value="NEGATIVE"/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<input type="checkbox"/> Does not apply

Sputum Smears and X-Ray

**At least One Smear Result POSITIVE and:**  
 Any Chest X-Ray Finding (Normal or Abnormal findings), this is **Class A/TB**

**Three Smear Results NEGATIVE and:**  
 X-Ray Normal with:  
 Signs or Symptoms Resolved, this is **No Class**  
 Signs or Symptoms suggest follow-up needed after arrival, this is **B Other**

X-Ray suggests ACTIVE or INACTIVE TB, this is **Class B1/TB**  
 OTHER X-Ray findings suggest follow-up needed after arrival, this is **Class B Other**

◀ Back: X-Ray Findings Save Next: Classifications ▶



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- If all three of the smear results are 'Negative', the user should select the appropriate classification.

# DS-3024e: Sputum Smears Page

Displayed for all users requiring use of the 3024e form. Answered 'No, Applicant has' to 'Sputum Smear Findings', additional fields are displayed.

Home | Contact Us | Help | Sign Out

U.S. DEPARTMENT of STATE  
CONSULAR ELECTRONIC APPLICATION CENTER

COMPLETE REVIEW SIGN

Chest X-Ray And Classification Worksheet (DS-3024e)

## Sputum Smears

**Summary of information from other pages:**  
**X-Ray Findings:** Normal

Sputum Smear Findings:  
Yes No  
  Applicant has signs or symptoms of TB.  
(Mark all that apply)

*Applicant has no signs or symptoms of TB and...*

- X-Ray Suggests INACTIVE TB, this is a **Class B2/TB**
- OTHER X-Ray Findings Suggest Follow-Up Needed after Arrival, this is **B Other**
- OTHER X-Ray Findings Suggest **No Follow-Up Needed**, this is **No Class**
- X-Ray Normal, this is **No Class**

◀ Back: X-Ray Findings Save Next: Classifications ▶


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- If 'No' is selected for 'Applicant has signs or symptoms of TB', the user should select the appropriate classification.

# DS-3024e: Classifications Page

Displayed for all users requiring use of the 3024e form.

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Chest X-Ray And Classification Worksheet (DS-3024e)

## Classifications

Mark all that apply. Also provide complete information on the DS-2053e.  
A summary of classifications selected in the Sputum Smears page is below.

**Summary of information from other pages**


**Follow-Up:**  
REMARKS:

**Help: Navigation Buttons**

Click on the buttons above to access previously entered data.

- No Class
- Class A/TB
- Class B1/TB
- Class B2/TB
- Class B Other

◀ Back: Smears   Save   Next: Follow-Up ▶

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- At least one classification must be selected.

# DS-3024e: Follow-Up Page

Displayed for all users requiring use of the 3024e form.

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## Follow-Up

**If non-TB condition**, specify condition below **and** on DS-2053e; include additional tests, and therapy used with start and stop dates and any changes.

**If TB condition**, enter information in DS-2053e TB Treatment Regimen.

**Summary of information from other pages**

**X-Ray Findings:** Normal

**Help: Navigation Buttons**

Click on the buttons above to access previously entered data.

Follow-Up Needed After Arrival?  
- SELECT ONE -

- No follow-up needed
- Needed for TB Condition
- Needed for non-TB Condition

Remarks *\*Optional*

◀ Back: Classifications Save Next: Review ▶



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- The user must select one of the options from the 'Follow-up Needed After Arrival?' dropdown.

# DS-3024e: Signature Page

Displayed for all users requiring the use of the 3024e form. Only users logged in as a Panel Physician can sign the page.

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COMPLETE REVIEW SIGN

Chest X-Ray And Classification Worksheet (DS-3024e)

**Sign and Certify**

**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 on this form, and that your answers are true and correct to the best of your knowledge and belief.

**Tuesday, October 26, 2010 - 11:22:52 AM EST**

E-Signature

Enter your password:

Enter the code below as shown:

**Click the button below to electronically sign the form:**

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- Before signing, verify that the applicant's age is still below 15 if the adult checkbox was not selected.
- The radiologist must sign the form before the panel physician can sign the form.

# DS-3024e: Signature Page

Displayed after the panel physician has signed the 3024e form.

The screenshot shows the 'SIGN' step of the DS-3024e application process. At the top, there is a navigation bar with 'Home', 'Contact Us', 'Help', and 'Sign Out' links. Below this is a header for the 'U.S. DEPARTMENT of STATE CONSULAR ELECTRONIC APPLICATION CENTER'. The main navigation tabs are 'COMPLETE', 'REVIEW', and 'SIGN', with 'SIGN' being the active tab. The page title is 'Chest X-Ray And Classification Worksheet (DS-3024e)' and there is an 'Unsign' button. A sidebar on the left contains an 'E-Sign and Certification' button and a 'Help: Navigation Buttons' section with instructions. The main content area displays a success message: 'You have successfully signed the form.' and a 'Continue' button to return to the Summary page. The footer 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'.