# User Interface Design Presentation

# CEAC Medical OMB Submission

# Part 3





March 17, 2011

Bureau of Consular Affairs Consular Systems and Technology

# DS-3024e: Getting Started Page

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



• The user selects the 'Continue' button.

# DS-3024e: Personal Information Page

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

COMPLETE		REVIEW		SIGN
Chest 2	X-Ray And Classification Worl	ksheet (DS-3024e)		
				OMB CONTROL NUMBER: 1405-0113
started Pers	onal Information			EXPIRATION DATE: 04/30/2012
nal 🕨				ESTIMATED BURDEN: 10 MIN
X-Ray Indication	Number		A Number	
X-Ray Findings	2000744003		A123456789	
- C	Did Not Provide		Did Not F	Provide
n smears				
Surn	ame 🕦		Given Name	
-Up SAM	PLE		MARIA	
vigation Buttons	of Birth 🔞			
01	JUN - 1951		Current Age: 59	
the buttons above (Forr s previously entered	mat: DD-MMM-YYYY)			
Pass	nort			
C0	untry/Authority That Issued Pas	sport	Passport Number	
-5	SELECT ONE -			
			Did No	: Provide
PAP resp infor coller recor DC 2	ERWORK REDUCTION ACT: Publi onse, including time required for mation and/or documents require tion displays a currently valid ON mmendations for reducing it, plea 0522-2202	c reporting burden for searching existing dat ed, and reviewing the f 18 control number. If y sse send them to: <b>A</b> /C	this collection of information is es a sources, gathering the necessar inal collection. You do not have to you have comments on the accura SIS/DIR, Room 2400 SA-22, U.S.	ttimated to average 10 minutes per y documentation, providing the o supply this information unless this cy of this burden estimate and/or Department of State, Washington,
CONI and i Depa perm admi may pend your requi this i subs form issue coun agen	FIDENTIALITY STATEMENT: AUT 221(d) and as required by Sectio artment of State and of diplomati hits to enter the United States sha inistration, or enforcement of the be made available to a court pro ling before the court. PURPOSE: 1 classification and eligibility for a ested information may be denied information may delay or prevent equently admitted to the United 1 to issue you a Permanent Resid a social security number. The in terterrorism and homeland securi tics who may need the informati	HORITIES: The inform n 222 of the Immigrat c and consular offices all be considered confi immigration, national wided the court certifie the U.S. Department c U.S. immigrant visa: the processing of you States as an immigrane the Card, and, if you s formation provided m ity purposes; to Congro on to administer or en	ation asked for on this form is re ion and Nationality Act. Section 22 of the United States pertaining to dential and shall be used only for ity, and other laws of the United S is that the information contained if State uses the facts you provide individuals who fail to submit this a. Although furnishing this inform r case. ROUTINE USES: If you are t, the Department of Homeland S o indicate, the Social Security Adra y also be released to federal ag ess and courts within their sphere force U.S. laws.	quested pursuant to Section 212(a) 12(f) provides that the records of the the issuance and refusal of visas or the formulation, amendment, states. Certified copies of such records in such records is needed in a case e on this form primarily to determine form or who do not provide all the tition is voluntary, failure to provide issued an immigrant visa and are iecurity will use the information to this ninistration will use the information to ancies for law enforcement, of jurisdiction; and to other federal
	Back: Getting S	Started	Save Next: Chest	K-Ray Indication 🕨
	and the second se			

- 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.



• 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
U.S. DEPA CONSULAR EL	RTMENT OF STATE			
- COMPLE	E REVIEW		SIGN	
	Chest X-Ray And Classification Worksheet (DS-3024e)			
✓ Getting Started	Chest X-Ray Findings			
✓ Personal				
✓ Chest X-Ray Indication	No information is available from related pages.			
Chest X-Ray Findings 🕨				
✓ Sputum Smears				
✓ Classifications	Date Chest X-Ray Taken:			
✔ Follow-Up	(Format: DD-MMM-YYYY)			
Help: Navigation Buttons	Findings: • Normal			
Click on the buttons above to access previously entered	• Abnormal			
data.	Remarks *Optional			
			<u> </u>	
	This portion of the form is now ready to be signed. By clicking "Radiologist Signature,	" you are electro our electronic ci	onically signing this port	ion
	have read and understood the questions on this portion of the form and that your ans	wers are true a	nd correct to the best of	u l
	your knowledge and belief.	Π		
	3/18/2011 10:00:01 AM			
	Radiologist Signature and Date Interpreted		I provide the second se	
	I certify that all statements and answers that appear in this portion of the form are t knowledge and belief.	rue and complet	e to the best of my	
	Enter your password:	L		
		لسس		
	Anter the code below as shown:			
	MITACHS			
	Radiologist Signature			
		Next: Sputum Sm	ears ▶	
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Copyright Inform	ation 🖗 Disclaimers 🖗 Paperwork Reduction Act and Confidentiality Statement 🖗			

- 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.

COMP	LETE	REVIEW	SIGN
	Chest X-Ray And Classification	n Worksheet (DS-3024e)	
Started	Chest X-Ray Findin	ngs	
á			
Ray Indication	No information is available	e from related pages.	
-Ray Findings 🕨			
Smears			
ations	Date Chest X-Ray Taken:		
lp	(Format: DD-MMM-YYYY)		
ration Buttons	(roman committee)		
Batton Dattons	Findings:		
ne buttons above previously entered			
	Remarks *Optional		
	of the form. You are required thave read and understood the your knowledge and belief. 3/18/2011 10:00:01 AM Radiologist Signature and the second sec	to electronically sign this portion of the form yourse e questions on this portion of the form and that your mathematical appear of this portion of the form a mathematical appear of this portion of the form a wm:	If. Your electronic signature certifies that yo answers are true and correct to the basis of the second sec
		Radiologist Signature	



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Sign Ou

# 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.

U.S. DEPARTME CONSULAR ELECTRONIC		
COMPLETE Chest X-R	REVIEW SIGN Ray And Classification Worksheet (DS-3024e)	
Chart	V D Din Jin	
started Cnest	X-Ray Filidings	
-Ray Indication No infor	rmation is available from related pages.	
-Ray Findings 🕨		
smears cations Date Ch	iest X-Rav Taken:	
Up (Format:	: DD-MMM-YYYY)	
igation Buttons Findings	8	
he buttons above previously entered (Indicate	MAL FINDINGS - e category and finding, checking all that apply, in the table below).	
Yes No		
	Yes No	
	Infiltrate or consolidation	
	Any cavitary lesion	
	Pleural effusion ()	
	Hilar/mediastinal adenopathy with or without atelectasis	
	Other (such as miliary findings)	
Yes No	Concurrent INACTIVE TR (No. 4 support if supported and in)	
	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	
	Cther (such as bronchiectasis)	
Yes No		
	OTHER X-Ray Findings	
	Yes No Follow-Up Needed (mark as "Class B Other")	
	Yes No	
	Cardiac	
	Vulmonary, hon-is (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	
Domodia	<ul> <li>*Antional</li> </ul>	
Kenturk	s optionar	
	×	
This port	tion of the form is now ready to be signed. By clicking "Radiologist Signature," you are electronically signin	g this portio
of the fo have rea	rm. You are required to electronically sign this portion of the form yourself. Your electronic signature certif ad and understood the questions on this portion of the form and that your answers are true and correct to t	ies that you h <del>a bast of</del>
your kno	wiedge and belief.	Ι Γ
Radiolo	ngist Signature and Date Interpreted	
I certify knowled	/ that all statements and answers that oppear in this parties of the form and true and complete to the basis of	of mk
Entery		
	As code below as shown	
	MIAGS	
	Badiologist Signature	
	Radiologist Signature	
	4 Back: Chest X-Ray Indication	
	4 Back: Chest X-Ray Indication 📓 Save Next: Sputum Smears 🕨	

- 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'.
- HARRIS

# 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.



# 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.

	отне	R X-I	Ray Findings
	Yes	No	Follow-Up Needed (mark as "Class B Other")
			Yes No           Image: Musculoskeletal           Image: Musculoskeletal           Image: Musculoskeletal
			Pulmonary, non-TB (e.g., emphysema)         Other
	F	Γ	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	*Optio	onal	
	m. You	are r	equired to electronically sign this portion of the form yourself. Your electronic signature eertifies that you
have reac your knov 3/18/2011 Radiolog I certify knowledg Enter your	m. You d and un viedge 1 10:000 list Sig that all ae and wr pass e code	are r nders and t h:01 / state belie below	equired to electronically sign this portion of the form yourself. Your electronic signature entries that you tood the questions on this portion of the form and that you and were are true and concert to the best of belief.
have reac your knov 3/18/2011 Radiolog I certify knowledg Enter the	m. You J and uv vledge I 10:00 that all that all that all that all the and e code	are r nders and t t:01 A state belie belie	equired to electronically sign this portion of the form yourself. Your electronic structure ends that you tood the questions on this portion of the form and that you and were are true and context to the best of the electronical provides and the provides of the form are true and context to the best of my true and the provides of the form are true and complete to the best of my true as shown:
have reac your knov 3/18/2011 Radiolog I certify knowledge Enter the	m. You J and uu Vledge L 10:000 List Sig e and e code	are r nders and t h:01 A h:01 A h:01 A belie belie belie	equired to electronically sign this portion of the form yourself. Your electronic structure ended of the best of belief.



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



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



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



- 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.



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.

COMPLETE		REVIEW	SIGN
Chest 2	X-Ray And Classification Worksheet (DS	5-3024e)	-
started Sput	um Smears		
2 1			
-Ray Indication Sum	mary of information from other pages		
-Ray Findings	ay Findings: Normal		
Smears			
cations			
Jp Sput	um Smear Findings:		
gation Buttons	Applicant has signs or symptoms of TB	(	
e (Mar	k all that apply)		
previously entered	Applicant has		
	Signs or Symptoms of TB (See	Chest X-Ray Indication page)	
	L X-Ray Suggests ACTIVE TB (Se	e Chest X-Ray Findings page)	
	Sputum Smears		
	Result	Date Specimen Obtained	(Format DD-MMM-YYYY)
	Smear 1: NEGATIVE		
	Smear 2: NEGATIVE		Does not apply
	Smear 3: POSITIVE		Does not apply
	Sputum Smears and X-Ray		
	At least One Smear Result POSI	ITIVE and:	
	Any Chest X-Ray Finding (No.	rmal or Abnormal findings), this is	s Class A/TB
	Three Smear Results NEGATIVE	and:	
	Signs or Symptoms sugg	gest follow-up needed after arriva	I, this is B Other
	<b>F</b>		
	X-Ray suggests ACTIVE or IN. OTHER X-Ray findings suggest	ACTIVE TB, this is <b>Class B1/TB</b> t follow-up needed after arrival, t	his is Class B Other
	A Back: X-Ray Findings	🖺 Save	Next: Classifications

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



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.

COMPLETE		REVIEW SIGN
CI	hest X-Ray And Classification Worksheet (DS	3024e)
Getting Started	putum Smears	
ersonal		
est X-Ray Indication	Summary of information from other pages	
hest X-Ray Findings	X-Ray Findings: Normal	
putum Smears 🔹 🕨		
assifications		
ollow-Up	Sputum Smear Findings:	
No. in the Party	Yes No Applicant has signs or symptoms of TB	
o: Navigation Buttons	(Mark all that apply)	
k on the buttons above	Applicant has	
	$\Box$ Signs or Symptoms of TB (See C	hest 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: NEGATIVE	
	Smear 2: NEGATIVE	Does not apply
	Smear 3: NEGATIVE	L Does not apply
	Sputum Smears and X-Ray	
	At least One Smear Result POSI	TIVE and:
	Any Chest X-Ray Finding (Nor	nal or Abnormal findings), this is Class A/TB
	Three Smear Results NEGATIVE	and:
	L X-Ray Normal with:	
	Signs or Symptoms Resol	ved, this is No Class
		scrollow up needed diter drively this is brother
	X-Ray suggests ACTIVE or INA	CTIVE TB, this is Class B1/TB
	L OTHER X-Ray findings suggest	follow-up needed after arrival, this is Class B Other
		na na ana amin'ny tanàna mandritra dia kaominina dia k
	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.



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



• 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.

CC	OMPLETE	REVIEW	SIGN
	Chest X-Ray And Classification	Worksheet (DS-3024e)	
ting Started	Classifications		
rsonal			
hest X-Ray Indication	Mark all that apply. Also provid	le complete information on the DS-2053e.	
Chest X-Ray Findings	A summary of classifications se	elected in the Sputum Smears page is below.	
Sputum Smears			
Classifications	Summary of information fro	om other pages	
Follow-Up	Follow-Up: REMARKS:		
elp: Navigation Buttons			
ick on the buttons abo access previously ent ata.	ered		
	Class A/TB		
	Class B1/TB		
	Class B2/TB		
	Class B Other		
	Class D Other		
	-4 Paolo St	nears	Next: Follow IIo k
	Dack: SI	incars jave	HEAL FOROW-UP V

• At least one classification must be selected.



# DS-3024e: Follow-Up Page

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

COMPL	ETE	REVII	EW	SIGN
	Chest X-Ray And Clas	ssification Worksheet (DS-302	4e)	
Getting Started	Follow-Up			
Personal				
Chest X-Ray Indication	If non-TB condition dates and any change	n, specify condition below and or es.	DS-2053e; include addition	onal tests, and therapy used with start and stop
Chest X-Ray Findings	If TB condition, ente	er information in DS-2053e TB T	reatment Regimen.	
Sputum Smears				
Classifications				
Follow-Up	Summary of inform	nation from other pages		
Jeln: Navigation Buttons	,,			
teip. Futigation Dations		_	No follow	v-up needed
Click on the buttons above to access previously entered	Fellow Up Needed AB		<ul> <li>Needed</li> <li>Needed</li> </ul>	for TB Condition for non-TB Condition
lata.	- SELECT ONE -			
	Remarks *Optional			
				<u>~</u>
				<b>Y</b>
			Save	Next: Review ▶

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



# DS-3025e: Getting Started Page

Displayed for all users.





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• The user selects the 'Continue' button.



# DS-3025e: Personal Information Page

Displayed for all users.

				Home	Contact Us	Help   Sign Out
	ARTMENT <i>of</i> <b>STATE</b> Lectronic application center					
- COMPLE	TE	REVIEW			SIGN	
	Electronic Vaccination Documen	tation Worksheet (DS-30	)25e)			
✓ Getting Started     Personal	Personal Information	1		OMB CONT FC EXPIR ESTIMA	ROL NUMBER: 1 DRM NUMBER: ATION DATE: 04 TED BURDEN: 3	405-0113 DS-3025e \$/30/2012 80 minutes
Immunizations	Case Number		A Number			
Deculto	CD 12005607643					
Results	Did Not Pro	wide				
Heln: Navigation Buttons	Dia Not Pro	VIDE				
	Surname@		Given Name			
Click on the buttons above to access previously entered data	SAMPLE		MARIA	n fan ân fan ân fan fan fan fan fan fan fan fan fan fa		
data.	For	Data of Risth 🗿		Exam Data		
	Male C Female	25 V AUG V	1974			
		(Format: DD-MM	M-YYYY)	(Format: DD-MMM-	-mm)	
	Passport					
	Country/Authority That Issue	d Passport	Passport Num	iber		
	- SELECT ONE -					
				Did Not Provide		
	PAPERWORK REDUCTION ACT: response, including time require information and/or documents n collection displays a currently val recommendations for reducing it DC 2052-2202 CONFIDENTIALITY STATEMENT: and 221(d) and as required by S Department of State and of dipl permits to enter the United Stat administration, or enforcement of may be made available to a cou pending before the court. PURPC your classification and eligibility requested information may bed this information may delay or pr subsequently admitted to the Ur form to issue you a Permanent issue a social security number. T counterterrorism and homeland agencies who may need the info	Public reporting burden for d for searching existing dail equired, and reviewing the lid OMB control number. If , please send them to: <b>A</b> / AUTHORITIES: The inform Section 222 of the Immigra omatic and consular offices es shall be considered conf of the immigration, national rt provided the court certifi DSE: The U.S. Department to a U.S. immigrant visa. I enied a U.S. immigrant visa. Security purposes; to Cong irmation to administer or er	this collection of init ta sources, gatherin final collection. You you have comments <b>GIS/DIR, Room 24(</b> nation asked for on tion and Nationality of the United State- idential and shall be lity, and other laws as that the informati of State uses the far individuals who fail to a. Although furnishir ur case. ROUTINE US nt, the Department so indicate, the Soci ray also be released ress and courts within force U.S. laws.	formation is estimated to g the necessary documer do not have to supply th on the accuracy of this I <b>30 SA-22, U.S. Departme</b> this form is requested pu Act. Section 222(f) provi- s pertaining to the issuar a used only for the formu- of the United States. Cer ion contained in such reac- ts you provide on this for to submit this form or wh ng this information is vol ESI: If you are issued an of Homeland Security will al Security Administration to federal agencies for I in their sphere of jurisdic	b average 30 min ntation, providin is information u ourden estimate ent of State, Wa ursuant to Section des that the reco- ce and refusal lation, amendm tified copies of ords is needed i ords is need	nutes per g the nless this and/or <b>shington</b> , ords of the of visas or tent, such records n a case determine a all the o provide and are ation on this ormation to , er federal
	A Back: Ge	tting Started	Save	Next: Immuniza	tions ▶	
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- The following fields are required: 'Surname', 'Given Name', 'Sex', 'Exam Date', 'Date of Birth', 'Passport Number' or 'Did Not Provide', 'A Number' or 'Did Not Provide', 'Case Number' or 'Did Not Provide'.
- 'Date of Birth' can be a partial date for refugee applicants; it must be a full date for all other applicant types.
- 'Exam Date' must be a full date.



Displayed for all users. 'Completed Series' selected for all immunizations, no additional fields are displayed.



- If a 'Vaccination Type' is selected, at least one vaccination date must be filled in.
- For all applicants other than refugees, all immunizations must have at least one date filled in.
- 'Immunization Dates' can be partial dates.
- 'Given by Panel Physician' must be a full date.



### CEAC Medical OMB Package

Displayed for all users. 'Immune' selected for all immunizations, additional fields are displayed.



• 'Lab Test Date' must be a full date.



Displayed for all users. 'Blanket waiver(s) requested' selected for all immunizations, additional fields are displayed.



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Displayed for all users. 'Completed series' selected for all immunizations, no additional fields are displayed.

COMPLE	TE	REVIEW	SIGN
	Electronic Vaccination Documentat	ion Worksheet (DS-3025e)	
Norted			
	Immunizations for 7 y	ears and older	
ations	To be completed by Panel Physicia available. Fill in all applicable infor	n Only: For refugee applicants, please complete only mation.	if reliable vaccination documents are
ations 2			
ations 3	Td 🔊	• Td	
	Specify Type:	• Tdap	
ation Buttons	- SELECT ONE -		
on the buttons above cess previously entered	Given By Panel Physician:	Additional Information:	
		Consolitient anning	
	(Format: DD-MMM-YYYY)		
	Immunization Datase	C Blanket waiver(s) requested	
	Click Add Date to add an immun	zation date <u>+ Add Date</u>	🛓 Add Another 📃 Remove
	Meningococcal 🖄		
	Given By Panel Physician:	Additional Information:	
		• Completed series	
	(Format: DD-MMM-YYYY)	C Immune C Blanket waiver(s) requested	
	Immunization Dates:		
	Click 'Add Date' to add an immun	zation date 🔹 Add Date	
	▲ Back: Immu	nizations. part 1 📳 Save Next: Im	munizations, part 3
	Морорарароророророророророророророророро		

- If a 'Vaccination Type' is selected, at least one vaccination date must be filled in.
- For all applicants other than refugees, all immunizations must have at least one date filled in.
- 'Immunization Dates' can be partial dates.
- 'Given by Panel Physician' must be a full date.



Displayed for all users. 'Immune' selected for all immunizations, additional fields are displayed.





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Displayed for all users. 'Blanket waiver(s) requested' selected for all immunizations, additional fields are displayed.

	Electronic Vaccination Documentation Works	heet (DS-3025e)		
Started	Immunizations for 7 years an	nd older		
zations	To be completed by Panel Physician Only: For available. Fill in all applicable information.	refugee applicants, please comple	te only if reliable vaccination	n documents are
zations 2				
zations 3	Td 🖄			
	Specify Type:			
gation Buttons	- SELECT ONE -			
he buttons above previously entered	Given By Panel Physician:	Additional Information:		
	(Format: DD-MMM-YYYY)	C Completed series C Immune © Blanket waiver(s) requested		
		To be requested if vaccination (check suitable box(es)): Not Age Appropriate Insufficient Time	not medically appropriate Contra-Indicated Not Routinely Available	
	Immunization Dates:			
	Click 'Add Date' to add an immunization date	<u>Add Date</u>	🛓 Add Anoth	er 💻 Remov
	Meningococcal 🖄			
	Given By Panel Physician:	Additional Information:		
	(Format: DD-MMM-YYYY)	C Completed series C Immune I Blanket waiver(s) requested		
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	Immunization Dates:			
	Click 'Add Date' to add an immunization date	+ Add Date		





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Displayed for all users. Answered 'Yes' to 'TST Completed' and 'Completed series' is selected for all immunizations, no additional fields are displayed.

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COMPLE	TE Electronic Vaccination Documentation Worksl	REVIEW neet (DS-3025e)	SIGII
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- If a 'Vaccination Type' is selected, at least one vaccination date must be filled in.
- For all applicants other than refugees, all immunizations must have at least one date filled in.
- 'Immunization Dates' can be partial dates.

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• 'Given by Panel Physician' must be a full date.



#### **CEAC Medical OMB Package**

Displayed for all users. Answered 'No' to 'TST Completed' and 'Completed series' is selected for all immunizations except 'Varicella' where 'Varicella history' is selected, no additional fields are displayed.

Electronic Vaccination Documentation W	orksheet (DS-3025e)	21011
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Displayed for all users. 'Immune' selected for all immunizations, additional fields are displayed. 6

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• 'Lab Test Date' must be a full date.



Displayed for all users. 'Blanket waiver(s) requested' selected for all immunizations, additional fields are displayed.

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# DS-3025e: Results Page

Displayed for all users.



- One of the fields must be selected.
- If 'Vaccine history incomplete' is selected, one of the additionally displayed fields must be selected.



## DS-3025e: Signature Page

Displayed for all users. Only users logged in as a Panel Physician can sign the page.





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# DS-3025e: Signature Page

Displayed after the panel physician has signed the 3025e form.





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# DS-3026e: Getting Started Page

Displayed for all users.



• The user selects the 'Continue' button.



# DS-3026e: Personal Information Page

Displayed for all users.

V.S. DEPARTM CONSULAR ELECTRON COMPLETE Medical Personal Medical History Physical Exam Additional Testing Follow-Up Remarks Click on the buttons above to access previously entered Case I CDJ2I Surna SAMPI Sex © Ma Sampi Sex © Ma	ENT of STATE C APPLICATION CENTER History And Physical Examin mal Information	REVIEW ation Worksheet (DS-	3026e) A Number Given Name() MARIA	OMB CONTR FO EXPIRA ESTIMAT	SIGN OL NUMBER: 1405-0113 RM NUMBER: DS-3026e ITION DATE: 04/30/2012 TED BURDEN: 35 minutes
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PAPEI responding collect recom DC 200 CONFI and 21 Depart permit admin may b pendir your d reques this in subsec form t issue i counter agendi	RWORK REDUCTION ACT: Publi se, including time required for ation and/or documents required ion displays a currently valid ON mendations for reducing it, plea 522-2202 DENTIALITY STATEMENT: AUT 21(d) and as required by Section ment of State and of diplomati is to enter the United States shi istration, or enforcement of the e made available to a court pro ig before the court. PURPOSE: 1 assification and eligibility for a sted information may be denied formation may delay or prevent quently admitted to the United 3 a social security number. The in reterrorism and homeland secur- es who may need the information	ic reporting burden for the searching existing data is 4, and reviewing the fina 4B control number. If you asse send them to: A/GIS HORITIES: The information n 222 of the Immigration c and consular offices of all be considered confide immigration, nationality wided the court certifies 1 the U.S. Department of 5 U.S. immigrant visa. Ind I a U.S. and, if you so formation provided may ity purposes: to Congres on to administer or enfo	his collection of info sources, gathering al collection. You du u have comments of S/DIR, Room 2400 clon asked for on th n and Nationality A the United States antial and shall be u , and other laws of that the informatio State uses the fact dividuals who fail to Although furnishing case. ROUTINE USE the Department of indicate, the Social also be released t s and courts within ince U.S. laws.	primation is estimated to the necessary documes o not have to supply the on the accuracy of this I O SA-22, U.S. Department of the supply the supplement pertaining to the issues used only for the formu- the United States. Cer n contained in such rec s you provide on this for submit this form or wh g this information is vol S: If you are issued ar Homeland Security will Security Administration for federal agencies for I their sphere of jurisdic	o average 35 minutes per ntation, providing the is information unless this burden estimate and/or ent of State, Washington, ursuant to Section 212(a) des that the records of the nce and refusal of visas or allation, amendment, tified copies of such records ords is needed in a case orm primarily to determine to do not provide all the untary, failure to provide i use the information to this haw enforcement, tion; and to other federal
	4 Back: Getting \$	Started	a) Save	Next: Medical Hit	story⊁

- The following fields are required: 'Surname', 'Given Name', 'Sex', 'Exam Date' 'Date of Birth', 'Passport Number' or 'Did Not Provide', 'A Number' or 'Did Not Provide', 'Case Number' or 'Did Not Provide'.
- 'Date of Birth' can be a partial date for refugee applicants; all other applicant types must have a full date.
- 'Exam Date' must be a full date.



# DS-3026e: Medical History Page

Displayed for all users. Answered all questions 'No', no additional fields are enabled.

Median'	( Hist-	any And Physical Examination Worksheet (DS: 2036-)
viedscas	1 Plaste	ey And Physical Examination Worksheet (DS-3020e)
Medi	ical	History
Indica	ate con	solitions requiring medication or other treatment after resettlement and give details in the Rem
NOTE: definit	: The f	following history has been reported, has not been verified by a physician, and should not be d
Gene	eral	
No	Yes	
Per la		tiness or injury requiring hospitalization (including psychiatric)
Cardi	lielem	
No	Yes	
P		Heart Disease
R	-	Hypertension (high blood pressure)
10	-	Caluez annyunna
No	Yes	
9		History of tobacco use
		Current use
F	Г	Asthma
R		Chronic obstructive pulmonary disease (emphysema)
R		History of tuberculosis
		Yes No
		Treated  Treated  Current TB symptoms
Neuro	rology	and Psychiatry
No		History of stroke, with current impairment
R		Seizure disorder
R		Major impairment in learning, intelligence, self care, memory, or communication
R		Major mental disorder (including major depression, bipolar disorder, schizophrenia, mental re
R		Use of drugs other than those required for medical reasons
R		Addiction or abuse of specific substance () (drug)
R	0	uther substance-related disorders (including alcohol addiction or abuse)
		Ever taken action to end your life Ever caused SERIOUS injury to others, caused MAJOR property damage or had trouble with t
M	-	medical condition, mental disorder, or influence of alcohol or drugs
Obste	etrice	and Sexually Transmitted Diseases
No	Yes	
		Pregnancy
		X X
		Estimated date of delivery:
R		Sexually transmitted diseases
		specryi
Fade		losy and Hematolosy
No	Yes	wyy and remainingy
R		Diabetes melitus
		Type: - SELECT ONE -
R		Thyroid disease
R		History of malaria
Other	rs V	
No	Yes	Malignancy
		specity:
R		Chronic renal disease
R		Chronic hepatitis or other chronic liver disease
9	D	Hansen's Disease
		Type:      Multibacillary      Pauobacillary     Yes No
		Treated
	-	Mahla disabilities disabulas lass of some as (s)
M	0	visiole disadilitides (including loss of arms or legs) Specify:
		Other requiring treatment
		Specify:
1.		
P.		
P.		

- The following fields are required: 'Yes' or 'No' for every field.
- 'Last menstrual period date' can be a partial date.



# DS-3026e: Medical History Page, Top

Displayed for all users. Answered all questions 'No', no additional fields are enabled.





# DS-3026e: Medical History Page, Middle

Displayed for all users. Answered all questions 'No', no additional fields are enabled.

Veurolog	y and Psychiatry
No Yes	History of stroke, with current impairment
	Seizure disorder
	Major impairment in learning, intelligence, self care, memory, or communication
	Major mental disorder (including major depression, bipolar disorder, schizophrenia, mental retardation)
	Use of drugs other than those required for medical reasons
	Addiction or abuse of specific substance 🕕 (drug)
	Other substance-related disorders (including alcohol addiction or abuse)
	Ever taken action to end your life
	Ever caused SERIOUS injury to others, caused MAJOR property damage or had trouble with the law because of medical condition, mental disorder, or influence of alcohol or drugs.
bstetric	s and Sexually Transmitted Diseases
No Yes	
ГГ	Pregnancy
	Last menstrual period date:
	Estimated date of delivery:
	Sexually transmitted diseases Specify:
Endocrin	ology and Hematology
No Yes	
	Diabetes mellitus
	Type: - SELECT ONE -
	Thyroid disease
	History of malaria
	Thistory of manana



# DS-3026e: Medical History Page, Bottom

Displayed for all users. Answered all questions 'No', no additional fields are enabled.

	Malignancy Specify:	
		<u> </u>
•	Chronic renal disease	
₽	Chronic hepatitis or other chronic liver disease	
•	Hansen's Disease	
	Type: C Multibacillary Paucibacillary Yes No Treated	
√	Visible disabilities (including loss of arms or legs) Specify:	
		<u>A</u>
	Other requiring treatment	
M	Specify:	
		( ) Y
M		



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# DS-3026e: Medical History Page

Displayed for all users. Answered all questions 'Yes', additional fields are enabled.

Industry standards and a standard a	Medical	History
Provide standards are required and advances of the regulation and a large standards and the	wiedien	Instory
<pre>biddle.com if i</pre>	Indicate to	notions requiring medication or other treatment after resettlement and give details in the Remarks section, following tomor has been exposed, has not been worked by a short-law, and should not be deemed marked.
Second P P P P P P P P P P P P P P P P P P P	definitive.	ennesid servels says ranks settered over the name rationer risk in balancies' ward server for the maximum stanm
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<pre>Processory intervention (notice programmed)  Processory Procesory Processory Processory Proces</pre>	No Yes	
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Deleting and secondly frammited bisease	E P	Ever seven action to and your the Ever sevend SEREOUS invery to others, caused MAIOR property damage or had trouble with the law because manifold instances must be disposed on an unbiaster of absolution down.
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Pageary     P	Obstetric	s and Sexually Transmitted Diseases
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	1.1 16	Specify
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Concil frequencies of the relationship     Concil frequencies of the relationship     Concil frequencies of the relationship     Type:      Concil frequencies     Type:		1
P Chronic read deeses     P Chronic hearing or other chronic hear deeses     P Interest Damage     P Other reporting traditional more or legal     Definition     Definition     Definition		
P     Observe beginting or deter drivers free disease     P     Instant Disease     T     P     Textual     T     P     Veste diseasters (Psuchastery - Psuchastery - Textual     T     P     Veste diseasters (rokading loss of erring or lega)     Determined     T     P     Observe requiring treatment     Security     T	F P	Chranic renal disease
P mediatro Desires     Type: Chalabacitery Chalabacitery     Yes its     To Trained      Visite disabilities (including loss of arms or lega)     Desire requiring instationant     Secondary      P Other requiring instationant     Secondary     Type: The secondary secondary     Typ	F P	Chronic hepatitis or other chronic liver disease
Test No           Image: Constrained set of anima or legal           Image: Constrained set of anima or legal <td>1 0</td> <td>Type: C Hubbactery C Reubactery</td>	1 0	Type: C Hubbactery C Reubactery
P Valide databatives (including loss of arms or logs)     Specify:     P Other requiring treatment     Specify:     P Other requiring treatment     T		Ves No
Vasile deabline (including loss of arms or logit)	4.4	
2 Dec reguring treatment Specify 2 2 2 2 2 2 2 2 2 2 2 2 2	r p	Vester deaboties (including loss of arms or legs) Specify)
I" P Other requiring treatment general		1
1. W Other regards treatment Specify		
· · · · · · · · · · · · · · · · · · ·	C.R.	Other requiring treatment Specify)
		111

- If 'Yes' for 'History of Tuberculosis', then 'Treated' or 'Current TB symptoms' must be selected.
- If 'Yes' for 'Pregnancy', then 'Last menstrual period date' must be answered.
- If 'Yes' for 'Hansen's Disease', then 'Multibacillary' or 'Paucibacillary' must be selected.



# DS-3026e: Medical History Page, Top

Displayed for all users. Answered all questions 'Yes', additional fields are enabled.





# DS-3026e: Medical History Page, Middle

Displayed for all users. Answered all questions 'Yes', additional fields are enabled.

Neurology and Psychiatry	
No Yes History of stroke, with current impairment	
C Seizure disorder	
Major impairment in learning, intelligence, self care, memory, or communication	
🗖 🔽 Major mental disorder (including major depression, bipolar disorder, schizophrenia, mental retardation	1)
□ 🔽 Use of drugs other than those required for medical reasons	
Addiction or abuse of specific substance () (drug)	
□ I Other substance-related disorders (including alcohol addiction or abuse)	
Ever taken action to end your life	
Ever caused SERIOUS injury to others, caused MAJOR property damage or had trouble with the law be medical condition, mental disorder, or influence of alcohol or drugs	cause of
Obstetrics and Sexually Transmitted Diseases	
No Yes	
Pregnancy	
Last menstrual period date:	
Estimated date of delivery:	
Sexually transmitted diseases Specify:	
	*
Endocrinology and Hematology	
Diabetes mellitus	
Type: - SELECT ONE -	
Since:	
(Format: MMM-YYYY)	
Thyroid disease	
T III History of malaria	



# DS-3026e: Medical History Page, Bottom

Displayed for all users. Answered all questions 'Yes', additional fields are enabled.

and a	Yes	Malignancy Specify:	
		Chronic renal disease	
	₽	Chronic hepatitis or other chronic liver disease	
	•	Hansen's Disease	
		Type: C Multibacillary C Paucibacillary Yes No C Treated	
	ব	Visible disabilities ( <i>including loss of arms or legs</i> ) Specify:	
			*
		Other requiring treatment Specify:	
			-



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# DS-3026e: Physical Examination Page

Displayed for all users. Answered 'No' to 'Applicant appears...', no additional fields are enabled.

COMPLETE	REVIEW		SIG	N
Medical History And Physical Exami	nation Worksheet (DS-3026e)			
Physical Examination				
Indicate findings and give details on	the Remarks page.			
No Yes	oviding unreliable or false information			
Specify:	oviding unreliable of faise information			
15				*
ve				Y
red				
Height	Weight			
un	vy			
/min	/min	biood pres	(mmHg)	
Visual Acuity at 20 feet	Corrected			
L 20 / R 20 /	L 20 / R 20 /			
Notes				
				*
General appearance and nutritional	status	C Normal	C Abnormal	C Not do
Hearing and ears		C Normal	C Abnormal	C Not do
Eyes		C Normal	C Abnormal	C Not do
Nose mouth and threat (include de	atal)	<b>6</b> 3	<u> </u>	<b>c</b>
wose, mouth, and throat (include de	niai)	U Normal	O Abnormal	U Not dor
Heart (S1, S2, murmur, rub)		C Normal	C Abnormal	C Not do
Breast		C Normal	C Abnormal	C Not do
lungs		Character	Cathornal	Carto
		Normal	• Abnormal	
Abdomen (including liver, spleen)		C Normal	C Abnormal	C Not do
If pregnant, fundal height:	cm			
Genitalia (including circumcision, inf	ection(s))	C Normal	C Abnormal	C Not do
Inguinal region (including adenopath	וע)	C Normal	C Abnormal	C Not do
Extremities (including pulses, edem	a)	C Normal		C Not do
			, ionormal	
Musculoskeletal system (including g	ait)	C Normal	C Abnormal	C Not do
Skin (including hypopigmentation, a inflicted injury or injections)	nesthesia, findings consistent with self-	C Normal	C Abnormal	C Not dor
Lymph nodes		C Normal	C Abnormal	C Not dor
Nervous system (including nerve en	iargement)	C Normal	C Abnormal	C Not dor
Mental status (including mood, intell and behavior during examination)	igence, perception, thought processes,	C Normal	C Abnormal	C Not dor
d Back: Medical	History 🖺 Save	Next: Additio	nal Testing ▶	

• The following fields are required: 'Normal', 'Abnormal', or 'Not done' must be selected.



# DS-3026e: Physical Examination Page

Displayed for all users. Answered 'Yes' to 'Applicant appears...', the 'Specify' field is enabled.

TE REVIEW		SIG	H
Medical History And Physical Examination Worksheet (DS-3026e)			
Physical Examination			
Tediate Endings and give details as the Demarks appro-			
indicate findings and give details on the Remarks page.			
No. 201			
No Yes ☐ I Applicant appears to be providing unreliable or false information Specify:			
			~
			-
Height Weight			
Heart rate Respiratory rate	Blood pres	sure	
/min /min	1	(mmHg)	
Visual Acuity at 20 feet			
Uncorrected         Corrected           L 20 /         R 20 /         L 20 /         R 20 /			
Notes			2
			-
General appearance and nutritional status	C Normal	C Abnormal	C Not o
Hearing and ears	C Normal	C Abnormal	C Not d
Eyes	C Normal	C Abnormal	C Not d
Nose, mouth, and throat (include dental)	C Normal	C Abnormal	C Not d
Heart (S1, S2, murmur, rub)	C Normal	C Abnormal	C Not o
Breast	C Normal	C Abnormal	C Not o
Lungs	C Normal	C Abnormal	C Not o
Abdomen (including liver, spleen)	C Normal	C Abnormal	C Not o
If pregnant, fundal height: cm			
Genitalia (including circumcision, infection(s))	C Normal	C Abnormal	C Not
Inguinal region (including adenopathy)	C Normal	C Abnormal	C Not a
Extremities (including pulses, edema)	C Normal	C Abnormal	C Not a
Musculoskeletal system (including gait)	C Normal	C Abnormal	C Not d
Skin (including hypopigmentation, anesthesia, findings consistent with self- inflicted injury or injections)	C Normal	C Abnormal	C Not d
Lymph nodes	C Normal	C Abnormal	C Not d
Nervous system (including nerve enlargement)	C Normal	C Abnormal	C Not o
Mental status (including mood, intelligence, perception, thought processes, and behavior during examination)	C Normal	C Abnormal	C Not d
deck: Medical History	Next: Additio	nal Testing 🕨	

• The following fields are required: 'Normal', 'Abnormal, or 'Not done' must be selected.



# DS-3026e: Physical Examination Page, Top

Displayed for all users. Answered 'Yes' to 'Applicant appears...', the 'Specify' field is enabled.

COMPLETE		REVIEW	SIGN	
N	fedical History And Physical E	xamination Worksheet (DS-3026e)		
. P	Physical Examinatio	n		
	nysicai Examinatio	11		
ODV	Indicate findings and give detai	s on the Remarks page.		
m 🕨				
esting				
	No Yes	be providing upreliable or false informatio	n	
	Specify:	be providing an enable of false monitatio		
n Buttons			<u>*</u>	
in Duttons			<u> </u>	
uttons above /iously entered				
	the later	White		
	cm	kg		
	Heart rate	Respiratory rate	Blood pressure	
	/min	/min	/ (mmHg)	
	Visual Acuity at 20 feet	Connected		
	L 20 / R 20 /	L 20 / R 20 /		
	Notes			
				P



# DS-3026e: Physical Examination Page, Bottom

Displayed for all users.

General appearance and nutritional status	C Normal	C Abnormal	C Not done
Hearing and ears	C Normal	C Abnormal	C Not done
Eyes	C Normal	C Abnormal	C Not done
Nose, mouth, and throat (include dental)	C Normal	C Abnormal	C Not done
Heart (S1, S2, murmur, rub)	C Normal	C Abnormal	C Not done
Breast	C Normal	C Abnormal	C Not done
Lungs	C Normal	C Abnormal	C Not done
Abdomen (including liver, spleen)	C Normal	C Abnormal	C Not done
If pregnant, fundal height: cm			
Genitalia (including circumcision, infection(s))	C Normal	C Abnormal	C Not done
Inguinal region (including adenopathy)	C Normal	C Abnormal	C Not done
Extremities (including pulses, edema)	C Normal	C Abnormal	C Not done
Musculoskeletal system (including gait)	C Normal	C Abnormal	C Not done
Skin (including hypopigmentation, anesthesia, findings consistent with self- inflicted injury or injections)	C Normal	C Abnormal	C Not done
Lymph nodes	C Normal	C Abnormal	C Not done
Nervous system (including nerve enlargement)	C Normal	C Abnormal	C Not done
Mental status (including mood, intelligence, perception, thought processes, and behavior during examination)	C Normal	C Abnormal	C Not done

Back: Medical History

Next: Additional Testing 🕨



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🖺 Save

# DS-3026e: Additional Testing Needed Prior to Approving Medical Clearance Page

Displayed for all users. Answered all questions 'No', no additional fields are enabled.



• The following fields are required: 'Yes' or 'No' for every field.



# DS-3026e: Additional Testing Needed Prior to Approving Medical Clearance Page

Displayed for all users. Answered all questions 'Yes', the 'Provide results' field is enabled.





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# DS-3026e: Follow-up Needed After Arrival Page

Displayed for all users. Answered all questions 'No', no additional fields are enabled.

COMPLETE			REVIEW	V.		SIGN	
	Medical His	story And Physical Exam	ination Worksheet	(DS-3026e)			
in the stand	Follow	-un Needed Aft	er Arrival				
ing started	I OHOW	up riceded rift	or r fillivar				
ical History	Check all boxes that apply.						
ical Exam							
tional Testing							
w-Up 🕨	No Yes	Follow-up needed after a	rrival				
arks		📕 Within 1 month	Within 6 mont	hs			
avigation Buttons							
		(Exception: For TB media form)	ations, use the Tub	erculosis Treatment Reg	imen page from the D	S-2053e or DS-	2054e
	No Yes ☑ □	Continuing other treatme Specify:	int				A.

• The following fields are required: 'Yes' or 'No' for every field.



# DS-3026e: Follow-up Needed After Arrival Page

Displayed for all users. Answered all questions 'Yes', additional fields are enabled.

COMPLETE		REVIEW	SIGN	
	Medical His	story And Physical Examination Worksheet (DS-3026e)		
tting Started	Follow	-up Needed After Arrival		
rsonal				
edical History	Check all boxes that apply.			
hysical Exam				
dditional Testing				
ollow-Up 🕨 🕨	No Yes	Follow-up needed after arrival		
emarks	Within 1 month Within 6 months			
. Ivavigation Buttons				
		form)	ge from the D3-2033e of D3-2034e	
			×	
	No Yes	Continuing other treatment Specify:		

• If 'Yes' is selected for 'Follow-up needed after arrival', then a time period must also be selected. Only one time period may be selected.



# DS-3026e: Remarks Page

Displayed for all users.

CO	MPLETE	REVIEW	SIGN
	Medical History And Physical I	Examination Worksheet (DS-3026e)	
ng Started	Remarks		
onal			
cal History	Describe any abnormal history	, abnormal findings, and resulting intervention	s.
ical Exam			
ional Testing	Remarks *Optional		
w-Up			×
uks ,			
avigation Buttons			<u>v</u>
N. Y			



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## DS-3026e: Signature Page

Displayed for all users. Only users logged in as a Panel Physician can sign the page.





# DS-3026e: Signature Page

Displayed after the panel physician has signed the 3026e form.





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