User Interface Design Presentation

CEAC Medical OMB Submission

Part 4



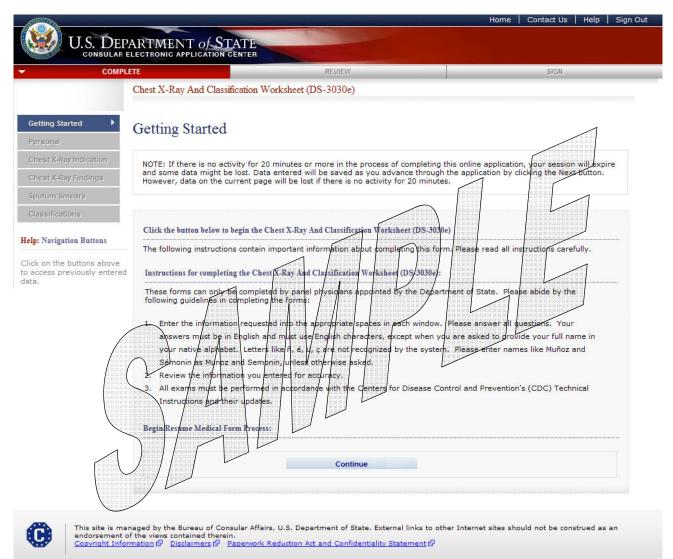


March 17, 2011

Bureau of Consular Affairs Consular Systems and Technology

DS-3030e: Getting Started Page

Displayed for all users requiring use of the 3030e form.



• The user selects the 'Continue' button.



DS-3030e: Personal Information Page

Displayed for all users requiring use of the 3030e form.

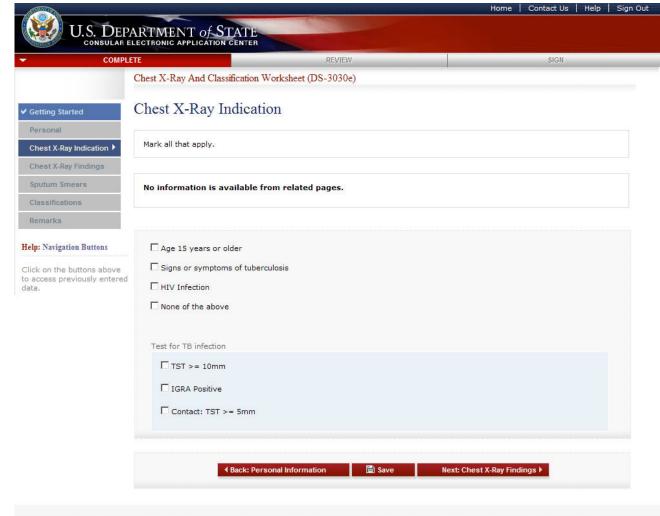
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	Chest X-Ray And Classification Worksheet	(DS-3030e)		
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	response, including time required for search information and/or documents required, and collection displays a currently valid OMB cont recommendations for reducing it, please ser DC 2052-2202 CONFIDENTIALITY STATEMENT: AUTHORIT and 221(d) and as required by Section 222 - Department of State and of diplomatic and of permits to enter the United States shall be of administration, or enforcement of the immig may be made available to a court provided 1 pending before the court. PURPOSE: The U.3 your classification and eligibility for a U.S. in requested information may be denied a U.S this information may delay or prevent the pr subsequently admitted to the United States	ing existing data i reviewing the fii trol number. If yr and them to: A/G IES: The informa of the Immigrati- consular offices of considered confid gration, nationali the court certifies S. Department of amigrant visa. In i mmigrant visa. rocessing of your as an immigrant	this collection of information is estimated to average 10 minute: a sources, gathering the necessary documentation, providing the inal collection. You do not have to supply this information unless you have comments on the accuracy of this burden estimate and SIS/DIR, Room 2400 SA-22, U.S. Department of State, Washing ation asked for on this form is requested pursuant to Section 21 ion and Nationality Act. Section 222(f) provides that the records of the United States pertaining to the issuance and refusal of vis dential and shall be used only for the formulation, amendment, ity, and other laws of the United States. Certified copies of such is that the information contained in such records is needed in a o f State uses the facts you provide on this form primarily to dete individuals who fail to submit this form or who do not provide all a. Although furnishing this information is voluntary, failure to pro ir case. ROUTINE USES: If you are issued an immigrant visa and t, the Department of Homeland Security will use the information o indicate, the Social Security Administration will use the information	this /or gton, 2(a) of the as or records ase rmine the vide are on this
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- The following fields are required: 'Surname', 'Given Name', '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.



DS-3030e: Chest X-Ray Indication Page

Displayed for all users requiring use of the 3030e form. Page enabled for radiologists, readonly for panel physicians.





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DS-3030e: Chest X-Ray Findings Page

Displayed for all users requiring use of the 3030e form. Page enabled for radiologists, readonly for panel physicians.

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- The following fields are required: 'Findings' must be answered either 'Normal' or 'Abnormal'.
- '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-3030e: Chest X-Ray Findings Page

Displayed for all users requiring use of the 3030e form. Answered 'NORMAL FINDINGS' to 'Findings', no additional fields are displayed. Page enabled for radiologists, read-only for panel physicians.

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DS-3030e: Chest X-Ray Findings Page

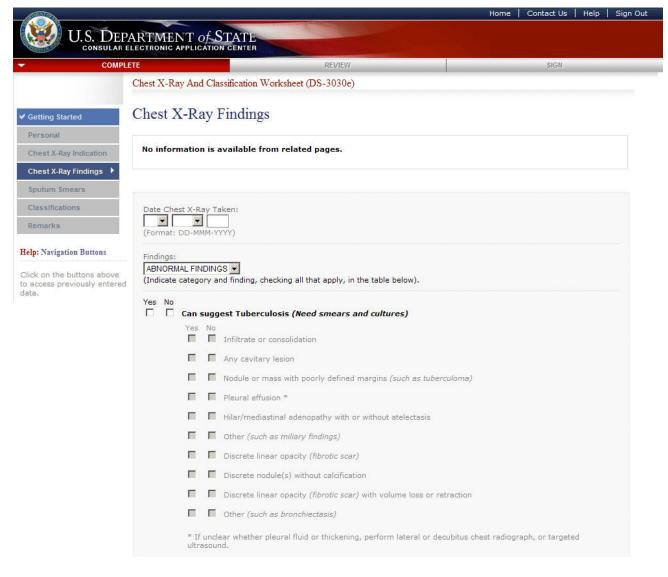
Displayed for all users requiring use of the 3030e form. Answered 'ABNORMALFINDINGS' to 'Findings', additional fields are displayed. Page enabled for radiologists, read-only for panel physicians.





DS-3030e: Chest X-Ray Findings Page, Top

Displayed for all users requiring use of the 3030e form. Answered 'ABNORMAL FINDINGS' to 'Findings', additional fields are displayed. Page enabled for radiologists, read-only for panel physicians.





DS-3030e: Chest X-Ray Findings Page, Bottom

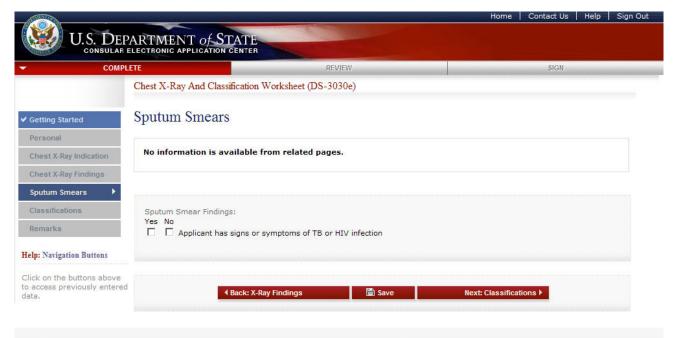
Displayed for all users requiring use of the 3030e form. Answered 'ABNORMAL FINDINGS' to 'Findings', additional fields are displayed. Page enabled for radiologists, read-only for panel physicians.

	OTHER X-Ray Findings Yes No Follow-Up Needed (mark as Class B Other) Yes No G Musculoskeletal G Cardiac F Pulmonary, non-TB (e.g., emphysema)
	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
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Displayed for all users requiring use of the 3030e form.

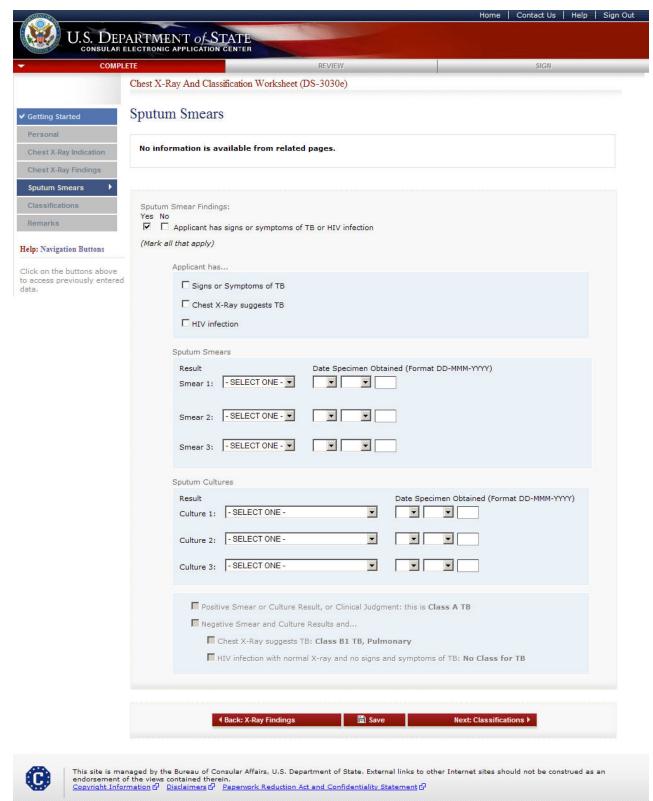




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Displayed for all users requiring use of the 3030e form. Answered 'Yes, Applicant has...' to 'Sputum Smear Findings', additional fields are displayed.



- If the answer to 'Applicant has signs or symptoms' is 'Yes', at least one of the 'Applicant has...' choices, 'Smear 1', 'Smear 2', 'Smear 3', 'Culture 1', 'Culture 2', 'Culture 3', and a classification must be selected. The results and dates must be selected for smears and cultures.
- All 'Date Specimen Obtained' fields must be full dates.



Displayed for all users requiring use of the 3030e form. Answered 'Yes, Applicant has...' to 'Sputum Smear Findings' and 'Positive' to 'Sputum Smears' or 'Sputum Cultures', the 'Positive Smear or Culture, or Clinical Judgment: this is Class A TB' field is enabled.

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	Smear 3: POSITIVE					
	Sputum Cultures					
	Result Date Specimen Obtained (Format DD-MMM-YYYY)					
	Culture 1: POSITIVE					
	Culture 2: POSITIVE					
	Culture 3: POSITIVE					
	Positive Smear or Culture Result, or Clinical Judgment: this is Class A TB					
	☐ Negative Smear and Culture Results and					
	Chest X-Ray suggests TB: Class B1 TB, Pulmonary					
	HIV infection with normal X-ray and no signs and symptoms of TB: No Class for TB					
	◆ Back: X-Ray Findings 🔚 Save Next: Classifications 🕨					



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Displayed for all users requiring use of the 3030e form. Answered 'Yes, Applicant has...' to 'Sputum Smear Findings' and 'Negative Smear and Culture Results and...' field additional fields are enabled.

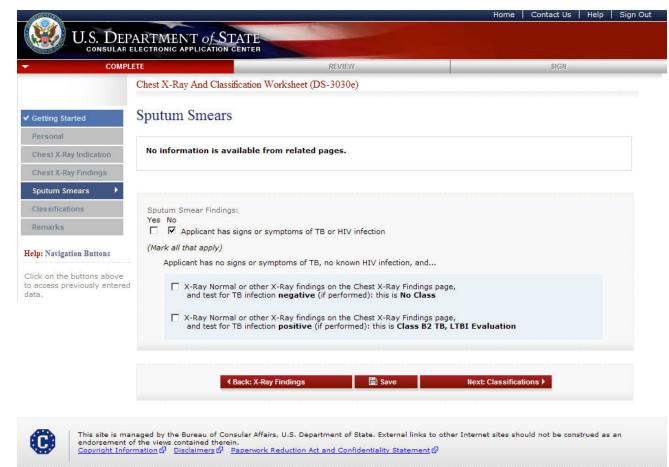
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	Culture 3: NEGATIVE



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Displayed for all users requiring use of the 3030e form. Answered 'No, Applicant has...' to 'Sputum Smear Findings', additional fields are displayed.

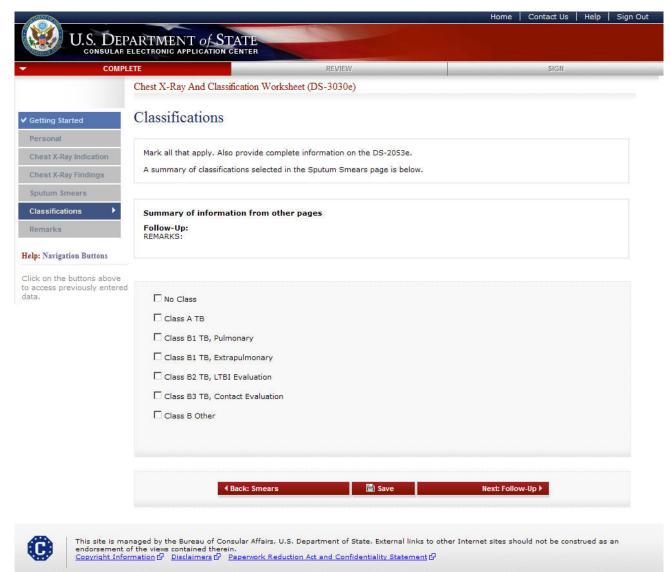


• One of the classifications must be selected if the answer to 'Applicant has signs or symptoms' is 'No'.



DS 3030e: Classifications Page

Displayed for all users requiring use of the 3030e form.



• At least one of the classifications must be selected.



DS-3030e: Remarks Page

Displayed for all users requiring use of the 3030e form.

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DS-3030e: Signature Page

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



- 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-3030e: Signature Page

Displayed after the panel physician has signed the 3030e form.





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Final Validation

Displayed when the user goes to the Submit tab from the top toolbar. Changes to forms are needed before proceeding to the signature.





Final Validation

Displayed when the user goes to the Submit tab from the top toolbar. Changes are not needed to the forms before proceeding to the signature.



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Displayed after the final validation. Only a user logged in as a panel physician can sign.

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U.S. DEPARTMENT OF STATE CONSULAR ELECTRONIC APPLICATION CENTER	Hi, GUEST 🔽
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Read the following information carefully before dating, electronically signing and submitting the forms.	
The forms are now ready to be signed and submitted. By clicking "Sign and Submit Forms," you are electronically signing and	
submitting the forms. As a selected Panel Physician, you are required to electronically sign the forms 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 guestions of the forms, and that your answe	
are true and correct to the best of your knowledge and belief.	
Wednesday, October 27, 2010 - 10:14:32 AM EST	
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I certify that all statements and answers that appear in the forms are true and complete to the best of my knowledge and belief.	
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Back: Summary Sign and Submit Forms	

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Final Signature

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Hi, GUEST

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CEAC Medical - Change Password

Change Your Password	Password:
Please Note: To better protect your account, make sure that your password is memorable for you but difficult for others to guess. Do not share your password with anyone, and never use the same password that you've used in the past. For security purposes, your new password must contain at least 12 characters and contain three of the following 4 items: upper case letter, lower case letter, a symbol, a number. Remember that your password is case sensitive. Password: New Password: Confirm New Password:	 Your password must meet the following requirements: Contains at least 12 characters Has not been used in the previous 24 passwords Does not contain your account or full name Contains at least three of the following four character groups: a. English uppercase characters (A through Z) b. English lowercase
Change Password Cancel	 c. Numerals (a through z) c. Numerals (0 through 9) d. Non-alphanumeric characters (such as !, \$, #, %) e. A space is an acceptable character



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Change Password Complete Message Page

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Forgot Password Page

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U.S. DEPARTMENT of STATE CONSULAR ELECTRONIC APPLICATION CENTER

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Identity Confirmation Page



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Your password has been sent to you.

<u>Sign In</u>



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Change Secret Question Page

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CEAC Medical - Change Secret Question		
Update password-reset information		
Make sure your answer is private, memorable and does not change over time.		
Security Question: What is the first name of your mother's mother?		
Your Answer: - Answer on file -		
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VS. DEPARTMENT OF STATE CONSULAR ELECTRONIC APPLICATION CENTER EXEC Medical - Change Secret Question Update password reset information Make sure your answer is private, memorable and does not change over time. Select a new secret question. Enter your answer. Then click Save . If you ever forget your password in the future, CEAC will ask you about this information before allowing you to change your password. Security Question: [WHAT IS THE FIRST NAME OF YOUR MOTHER'S MOTHER?] Your Answer: Save Cancel	GUES	T
Update password-reset information Make sure your answer is private, memorable and does not change over time. Select a new secret question. Enter your answer. Then click Save . If you ever forget your password in the future, CEAC will ask you about this information before allowing you to change your password. Security Question: WHAT IS THE FIRST NAME OF YOUR MOTHER'S MOTHER? Your Answer:		
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The security questions available are:

- What is the first name of your mother's mother?
- What is the first name of your father's father?
- · What is your maternal grandmother's maiden name?
- · What name did your family used to call you when you were a child?
- In what city did you meet your spouse/significant other?
- · What is the name of your favorite childhood friend?
- What street did you live on when you were 8 years old?
- What is your oldest sibling's birthday month and year? (E.G. JANUARY 1900)
- · What is the middle name of your youngest child?
- What is your oldest sibling's middle name?
- What school did you attend when you were 11 years old?
- · What was your home phone number when you were a child?
- What is your oldest cousin's first and last name?
- · What was the name of your favorite stuffed animal or toy?
- In what city or town did your mother and father meet?
- What was the last name of your favorite teacher?
- In what city does your nearest sibling live?
- What is your youngest sibling's birthday month and year? (E.G. JANUARY 1900)
- · In what city or town was your first job?
- What was the name of your first boyfriend or girlfriend?



Account Details Page

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