

User Interface Design Presentation

CEAC Medical OMB Submission Part 4



DS-3030e: Getting Started Page

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

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COMPLETE REVIEW SIGN

Chest X-Ray And Classification Worksheet (DS-3030e)

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-3030e)

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-3030e):

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 Semónin 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-3030e: Personal Information Page

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Chest X-Ray And Classification Worksheet (DS-3030e)

OMB CONTROL NUMBER: 1405-0113
FORM NUMBER: DS-3030e
EXPIRATION DATE: 04/30/2012
ESTIMATED BURDEN: 10 MIN

- ✓ Getting Started
- Personal**
- Chest X-Ray Indication
- Chest X-Ray Findings
- Sputum Smears
- Classifications
- Remarks

Help: Navigation Buttons

Click on the buttons above to access previously entered data.

Personal Information

Case Number <input type="text" value="CDJ2005607643"/> <input type="checkbox"/> Did Not Provide	A Number <input type="text"/> <input type="checkbox"/> Did Not Provide
Surname <input type="text" value="SAMPLE"/>	Given Name <input type="text" value="MARIA"/>
Date of Birth <input type="text" value="25"/> <input type="text" value="AUG"/> <input type="text" value="1974"/> <small>(Format: DD-MMM-YYYY)</small>	Current Age: 36
Passport	
Country/Authority That Issued Passport <input type="text" value="- SELECT ONE -"/>	Passport Number <input type="text"/> <input type="checkbox"/> 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 '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

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Chest X-Ray And Classification Worksheet (DS-3030e)

Chest X-Ray Indication

Mark all that apply.

No information is available from related pages.

Age 15 years or older

Signs or symptoms of tuberculosis

HIV Infection

None of the above

Test for TB infection

TST >= 10mm

IGRA Positive

Contact: TST >= 5mm

← Back: Personal InformationSaveNext: Chest X-Ray Findings →



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DS-3030e: Chest X-Ray Findings Page

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Chest X-Ray And Classification Worksheet (DS-3030e)

Chest X-Ray Findings

No information is available from related pages.

Date Chest X-Ray Taken:

(Format: DD-MMM-YYYY) }

- Normal
- Abnormal

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.

3/17/2011 9:17:36 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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- 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

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Chest X-Ray And Classification Worksheet (DS-3030e)

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.

3/17/2011 9:18:15 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-3030e: Chest X-Ray Findings Page

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Chest X-Ray And Classification Worksheet (DS-3030e)

Chest X-Ray Findings

No information is available from related pages.

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

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

Yes No
 Can suggest Tuberculosis (Need smears and cultures)

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 millary findings)
 Discrete linear opacity (fibrotic scar)
 Discrete nodule(s) without calcification
 Discrete linear opacity (fibrotic scar) with volume loss or retraction
 Other (such as bronchiectasis)

* If unclear whether pleural fluid or thickening, perform lateral or decubitus chest radiograph, or targeted ultrasound.

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.

3/17/2011 9:18:15 AM
Radiologist Signature and Date Interpret
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:
[CB31B6]

Radiologist Signature

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




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

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Chest X-Ray And Classification Worksheet (DS-3030e)

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

Chest X-Ray Findings

No information is available from related pages.

Date Chest X-Ray Taken:

(Format: DD-MMM-YYYY)

Findings:
 ABNORMAL FINDINGS

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

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Can suggest Tuberculosis (<i>Need smears and cultures</i>)
<input type="checkbox"/>	<input type="checkbox"/>	Yes No
<input type="checkbox"/>	<input type="checkbox"/>	Infiltrate or consolidation
<input type="checkbox"/>	<input type="checkbox"/>	Any cavitary lesion
<input type="checkbox"/>	<input type="checkbox"/>	Nodule or mass with poorly defined margins (<i>such as tuberculoma</i>)
<input type="checkbox"/>	<input type="checkbox"/>	Pleural effusion *
<input type="checkbox"/>	<input type="checkbox"/>	Hilar/mediastinal adenopathy with or without atelectasis
<input type="checkbox"/>	<input type="checkbox"/>	Other (<i>such as miliary findings</i>)
<input type="checkbox"/>	<input type="checkbox"/>	Discrete linear opacity (<i>fibrotic scar</i>)
<input type="checkbox"/>	<input type="checkbox"/>	Discrete nodule(s) without calcification
<input type="checkbox"/>	<input type="checkbox"/>	Discrete linear opacity (<i>fibrotic scar</i>) with volume loss or retraction
<input type="checkbox"/>	<input type="checkbox"/>	Other (<i>such as bronchiectasis</i>)

* If unclear whether pleural fluid or thickening, perform lateral or decubitus chest radiograph, or targeted ultrasound.

Help: Navigation Buttons

Click on the buttons above to access previously entered data.

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

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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.

3/17/2011 9:18:15 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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DS-3030e: Sputum Smears Page

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Chest X-Ray And Classification Worksheet (DS-3030e)

Sputum Smears

No information is available from related pages.

Sputum Smear Findings:

Yes No

Applicant has signs or symptoms of TB or HIV infection

Help: Navigation Buttons

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◀ Back: X-Ray FindingsSaveNext: Classifications ▶




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DS-3030e: Sputum Smears Page

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Chest X-Ray And Classification Worksheet (DS-3030e)

Getting Started

Personal

Chest X-Ray Indication

Chest X-Ray Findings

Sputum Smears

Classifications

Remarks

Sputum Smears

No information is available from related pages.

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

Applicant has...

Signs or Symptoms of TB
 Chest X-Ray suggests TB
 HIV infection

Sputum Smears

Result	Date Specimen Obtained (Format DD-MMM-YYYY)
Smear 1: <input type="text" value="- SELECT ONE -"/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
Smear 2: <input type="text" value="- SELECT ONE -"/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
Smear 3: <input type="text" value="- SELECT ONE -"/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>

Sputum Cultures

Result	Date Specimen Obtained (Format DD-MMM-YYYY)
Culture 1: <input type="text" value="- SELECT ONE -"/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
Culture 2: <input type="text" value="- SELECT ONE -"/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
Culture 3: <input type="text" value="- SELECT ONE -"/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>

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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- 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.

DS-3030e: Sputum Smears Page

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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Chest X-Ray And Classification Worksheet (DS-3030e)

Sputum Smears

No information is available from related pages.

Sputum Smear Findings:

Yes No

Applicant has signs or symptoms of TB or HIV infection

(Mark all that apply)

Applicant has...

Signs or Symptoms of TB

Chest X-Ray suggests TB

HIV infection

Sputum Smears

Result	Date Specimen Obtained (Format DD-MMM-YYYY)
Smear 1: POSITIVE	<input type="text"/> <input type="text"/> <input type="text"/>
Smear 2: POSITIVE	<input type="text"/> <input type="text"/> <input type="text"/>
Smear 3: POSITIVE	<input type="text"/> <input type="text"/> <input type="text"/>

Sputum Cultures

Result	Date Specimen Obtained (Format DD-MMM-YYYY)
Culture 1: POSITIVE	<input type="text"/> <input type="text"/> <input type="text"/>
Culture 2: POSITIVE	<input type="text"/> <input type="text"/> <input type="text"/>
Culture 3: POSITIVE	<input type="text"/> <input type="text"/> <input type="text"/>

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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DS-3030e: Sputum Smears Page

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Chest X-Ray And Classification Worksheet (DS-3030e)

Sputum Smears

No information is available from related pages.

Sputum Smear Findings:
Yes No

Applicant has signs or symptoms of TB or HIV infection

(Mark all that apply)

Applicant has...

Signs or Symptoms of TB

Chest X-Ray suggests TB

HIV infection

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=""/>
Smear 2: <input type="text" value="NEGATIVE"/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
Smear 3: <input type="text" value="NEGATIVE"/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>

Sputum Cultures

Result	Date Specimen Obtained (Format DD-MMM-YYYY)
Culture 1: <input type="text" value="NEGATIVE"/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
Culture 2: <input type="text" value="NEGATIVE"/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
Culture 3: <input type="text" value="NEGATIVE"/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>


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 FindingsSaveNext: Classifications ▶



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Chest X-Ray And Classification Worksheet (DS-3030e)

Sputum Smears

No information is available from related pages.

Sputum Smear Findings:
Yes No
 Applicant has signs or symptoms of TB or HIV infection

(Mark all that apply)

Applicant has no signs or symptoms of TB, no known HIV infection, and...

X-Ray Normal or other X-Ray findings on the Chest X-Ray Findings page, and test for TB infection **negative** (if performed): this is **No Class**

X-Ray Normal or other X-Ray findings on the Chest X-Ray Findings page, and test for TB infection **positive** (if performed): this is **Class B2 TB, LTBI Evaluation**

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



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

DS 3030e: Classifications Page

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Chest X-Ray And Classification Worksheet (DS-3030e)

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:

- No Class
- Class A TB
- Class B1 TB, Pulmonary
- Class B1 TB, Extrapulmonary
- Class B2 TB, LTBI Evaluation
- Class B3 TB, Contact Evaluation
- Class B Other

◀ Back: Smears Save Next: Follow-Up ▶




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- At least one of the classifications must be selected.

DS-3030e: Remarks Page

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Chest X-Ray And Classification Worksheet (DS-3030e)

Remarks

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.

No information is available from related pages.

Help: Navigation Buttons

Click on the buttons above to access previously entered data.

Remarks **Optional*

[◀ Back: Classifications](#) [Save](#) [Next: Review ▶](#)



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DS-3030e: Signature Page

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Chest X-Ray And Classification Worksheet (DS-3030e)

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:

Sign 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-3030e: Signature Page

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

The screenshot shows the 'SIGN' step of the DS-3030e 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'. The main content area is titled 'Chest X-Ray And Classification Worksheet (DS-3030e)' and includes an 'Unsign' button. A 'Sign and Certify' section contains a confirmation message: 'You have successfully signed the form.' Below this message is a 'Continue' button and a prompt: 'Click 'Continue' to return to Summary page.' On the left side, there is a 'Help: Navigation Buttons' section with a sub-header 'E-Sign and Certification' and a note: 'Click on the buttons above to access previously entered data.'

Home | Contact Us | Help | Sign Out

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COMPLETE REVIEW SIGN

Chest X-Ray And Classification Worksheet (DS-3030e)

Sign and Certify

You have successfully signed the form.

Click 'Continue' to return to Summary page.

Help: Navigation Buttons

E-Sign and Certification

Click on the buttons above to access previously entered data.

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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.

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Contact Us | Sign Out

Hi, GUEST

DS2053 DS3025 DS3026 DS3024 Submit

CEAC Medical - Final Forms Validation

Final Validation

We'll check the accuracy of the forms and look for missing information.

-  Form DS-2053 (Show Details...)  [View/Edit](#)
-  Form DS-3025 (Show Details...)  [View/Edit](#)
-  Form DS-3026 (Show Details...)  [View/Edit](#)
-  Form DS-3024 (Show Details...)  [View/Edit](#)

[Back: Summary](#)

[Next: Sign and Submit](#)



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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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Contact Us | Sign Out






Hi, GUEST

DS2053 DS3025 DS3026 DS3024 Submit

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-  Form DS-3024 (Show Details...)  [View/Edit](#)

[Back: Summary](#)

[Next: Sign and Submit](#)



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Final Signature

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

CEAC Medical - Final Submission

Final Sign and Submit

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 questions on the forms, and that your answers are true and correct to the best of your knowledge and belief.

Wednesday, October 27, 2010 - 10:14:32 AM EST

E-Signature

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

Enter your password:

Enter the code below as shown:



Click the 'Sign and Submit Forms' button below to electronically sign your forms:

[Back: Summary](#)

[Sign and Submit Forms](#)



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Final Signature

Displayed after the panel physician has signed the final signature page.



CEAC Medical - Final Submission


Final Sign and Submit

You have successfully signed and submitted the forms. You cannot make any further changes to the forms at this point.

[Back: Summary](#)



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Change Your Password Page



CEAC Medical - Change Password

Change Your 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:

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 characters (a through z)
 - c. Numerals (0 through 9)
 - d. Non-alphanumeric characters (such as !, \$, #, %)
 - e. A space is an acceptable character



Change Password Complete Message Page



Change Password Complete

Your password has been changed!

Continue



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Forgot Password Page



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Contact Us

Forgot Your Password?

Enter your User Name to receive your password.

User Name:
(e.g. guest@yahoo.com)

Submit



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Identity Confirmation Page



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Contact Us

Identity Confirmation

Answer the following question to receive your password.

User Name: guest@yahoo.com

Question: test

Answer:

Submit



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Password Sent Notification Page



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Contact Us

Your password has been sent to you.

[Sign In](#)



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Change Secret Question Page



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Contact Us | Sign Out

Hi, GUEST

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 -

[Change question and Answer](#)

Done



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Change Secret Question Page



CEAC 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:

Your Answer:

[Save](#) [Cancel](#)

[Done](#)



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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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Contact Us | Sign Out

Hi, GUEST

CEAC Medical - Account Information

<p>Profile Information</p> <p>Profile details</p>	 <p>GUEST SAMPLE 123 Main Street Ciudad Juarez, Mexico</p>
<p>Contact Information</p>	<p>Email: guest@yahoo.com</p>
<p>Sign-In and Security</p> <p>Change your password</p> <p>Update password-reset info</p>	<p>Authorized Sites: CDJ</p>

OK



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Paperwork Reduction Act and Confidentiality Statement Page



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Paperwork Reduction Act and Confidentiality Statement

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