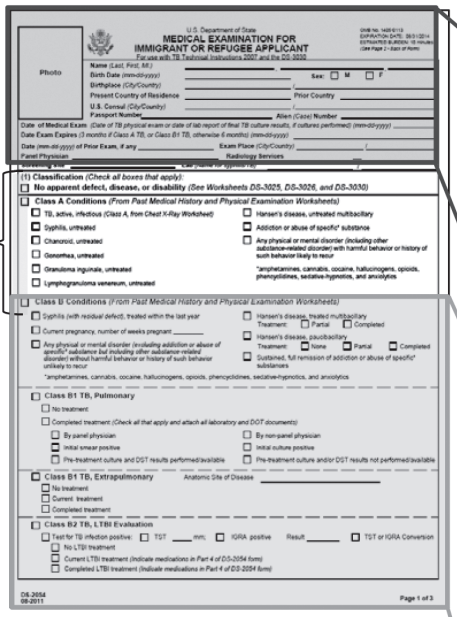
TOOL 6

Completing Medical Examination Forms for US-Bound Immigrant or Refugee Applications

Must select ONE of these classifications



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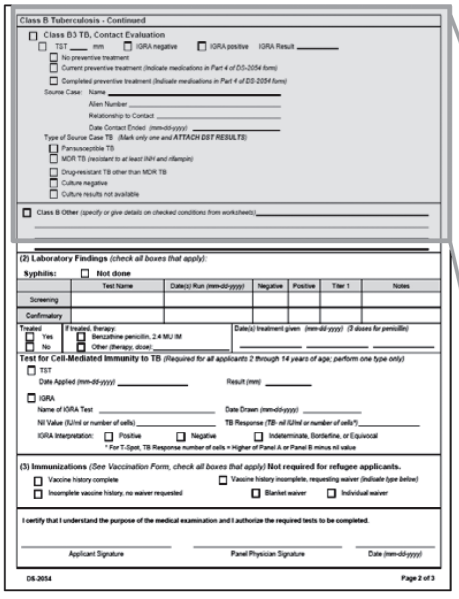

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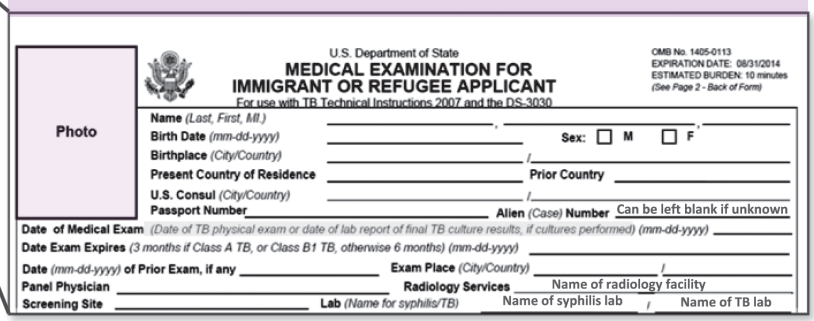
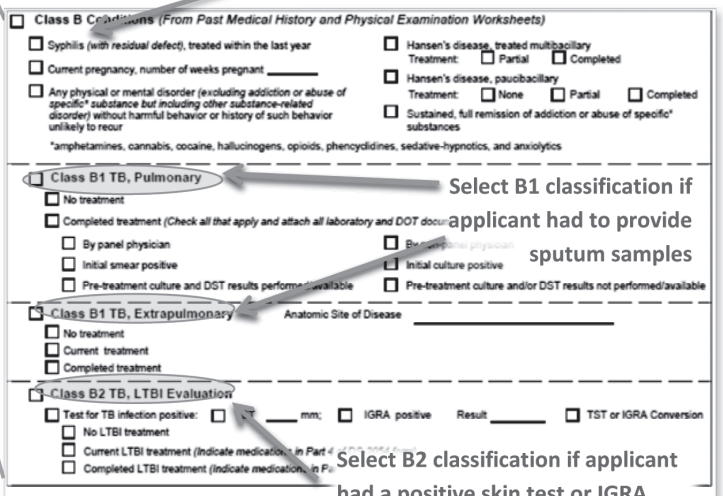
This section must be filled out COMPLETELY

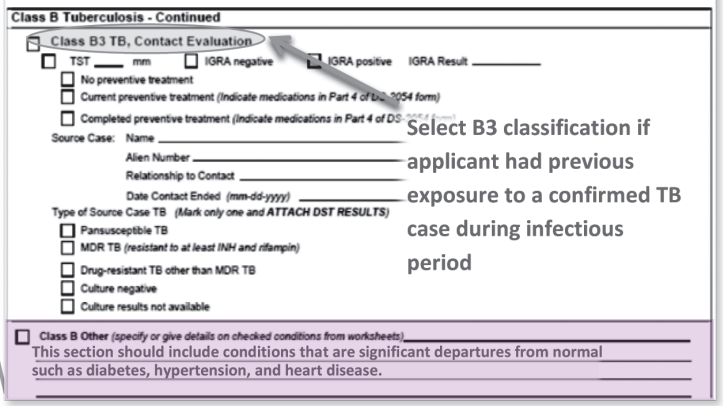


Document treatment information regarding Hansen's disease, Syphilis, and any Physical or Mental Disorders



Select B1 classification if applicant had to provide sputum samples

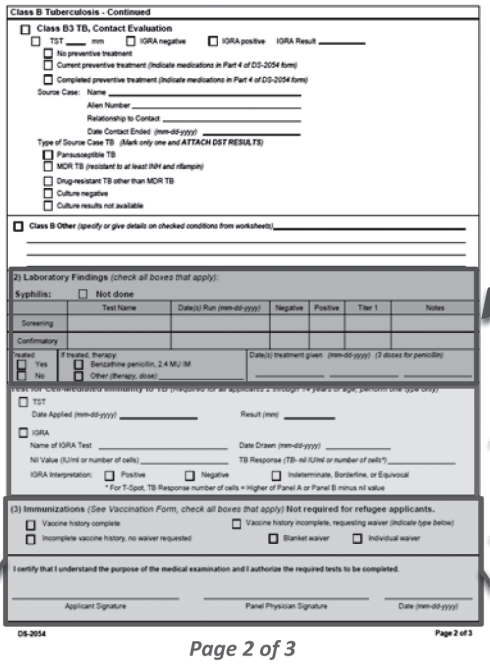
Select B2 classification if applicant had a positive skin test or IGRA



Select B3 classification if applicant had previous exposure to a confirmed TB case during infectious period

TOOL 6.1

Completing Medical Examination Forms for US-Bound Immigrant or Refugee Applications


Class B Tuberculosis - Continued

Class B3 TB, Contact Evaluation

TST ___ mm IGRA negative IGRA positive IGRA Result ___

No preventive treatment

Current preventive treatment (Indicate medications in Part 4 of DS-2054 form)

Completed preventive treatment (Indicate medications in Part 4 of DS-2054 form)

Source Case: Name ___

Alien Number ___

Relationship to Contact ___

Date Contact Ended (mm-dd-yyyy) ___

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

Pansusceptible TB

MDR TB (resistant to at least INH and rifampin)

Drug-resistant TB other than MDR TB

Culture negative

Culture results not available

Class B Other (specify or give details on checked conditions from worksheets) ___

2) Laboratory Findings (check all boxes that apply):

Syphilis: Not done

	Test Name	Date(s) Run (mm-dd-yyyy)	Negative	Positive	Titer 1	Notes
Screening						
Confirmatory						

Treated: Yes / No — If treated, therapy: Benzathine penicillin, 2.4 MU IM / Other (therapy, dose) ___ — Date(s) treatment given (mm-dd-yyyy) (3 doses for penicillin)

TST

Date Applied (mm-dd-yyyy) ___ Result (mm) ___

IGRA

Name of IGRA Test ___ Date Drawn (mm-dd-yyyy) ___

Nil Value (IU/ml or number of cells) ___ TB Response (TB- nil IU/ml or number of cells*) ___

IGRA Interpretation: Positive Negative Indeterminate, Borderline, or Equivocal

* For T-Spot, TB Response number of cells = Higher of Panel A or Panel B minus nil value

(3) Immunizations (See Vaccination Form, check all boxes that apply) Not required for refugee applicants.

Vaccine history complete Vaccine history incomplete, requesting waiver (indicate type below)

Incomplete vaccine history, no waiver requested Blanket waiver Individual waiver

I certify that I understand the purpose of the medical examination and I authorize the required tests to be completed.

Applicant Signature Panel Physician Signature Date (mm-dd-yyyy)

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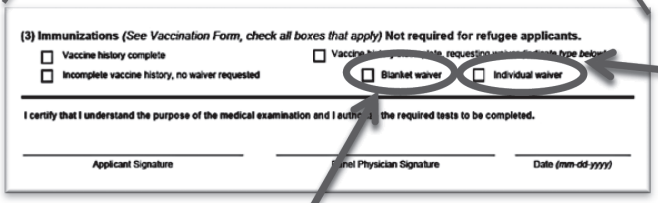
Complete this section for any known syphilis treatment

This section is required for all applicants 2-14 years old (TST or IGRA, not both)

Information in this section should match information on DS-3025 form


(3) Immunizations (See Vaccination Form, check all boxes that apply) Not required for refugee applicants.

Vaccine history complete

Incomplete vaccine history, no waiver requested

Blanket waiver

Individual waiver

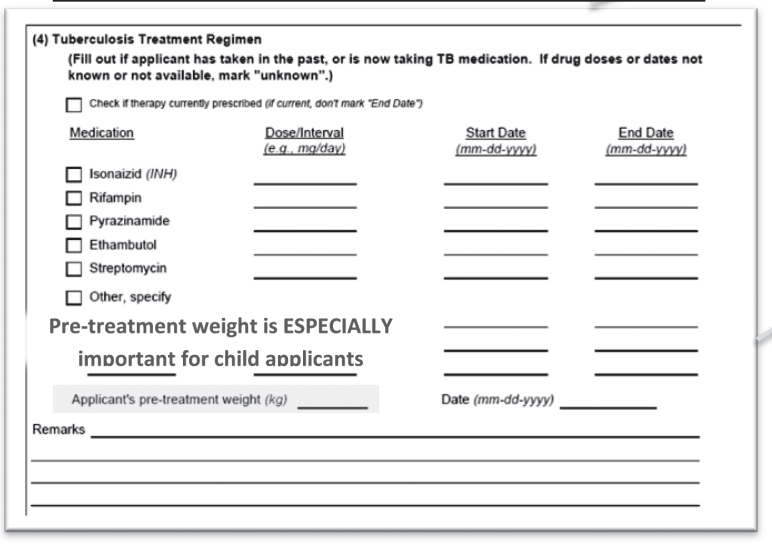
I certify that I understand the purpose of the medical examination and I authorize the required tests to be completed.

Applicant Signature Panel Physician Signature Date (mm-dd-yyyy)

Select this option for applicants who object on religious or clinical reasons

Select BLANKET WAIVER for applicants with an incomplete vaccination history

This section is REQUIRED if treatment details are known


(4) Tuberculosis Treatment Regimen

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

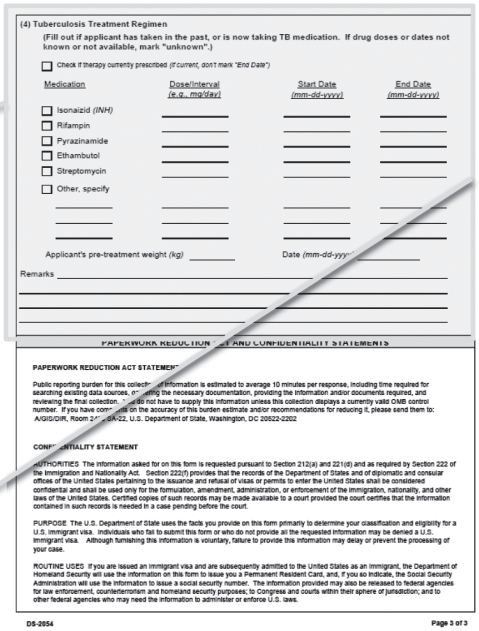
Check if therapy currently prescribed (if current, don't mark "End Date")

Medication	Dose/Interval (e.g., mg/day)	Start Date (mm-dd-yyyy)	End Date (mm-dd-yyyy)
Isonaizid (INH)			
Rifampin			
Pyrazinamide			
Ethambutol			
Streptomycin			
Other, specify			

Pre-treatment weight is ESPECIALLY important for child applicants

Applicant's pre-treatment weight (kg) ___ Date (mm-dd-yyyy) ___

Remarks ___


(4) Tuberculosis Treatment Regimen

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

Check if therapy currently prescribed (if current, don't mark "End Date")

Medication	Dose/Interval (e.g., mg/day)	Start Date (mm-dd-yyyy)	End Date (mm-dd-yyyy)
Isonaizid (INH)			
Rifampin			
Pyrazinamide			
Ethambutol			
Streptomycin			
Other, specify			

Applicant's pre-treatment weight (kg) ___ Date (mm-dd-yyyy) ___

Remarks ___

PAPERWORK REDUCTION ACT AND CONFIDENTIALITY STATEMENTS

PAPERWORK REDUCTION ACT STATEMENT

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 2[illegible]A-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 States 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.

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