

Guidelines for Completing Vaccination Documentation Worksheets

Guidelines for Completing DS-3025 Vaccination Documentation Worksheet

Items on DS-3025 form should match what is on DS -2054 (Medical Examination for Immigrant or Refugee Applicant)

If the vaccination history is incomplete, a blanket waiver will be required.

Only sign once all vaccinations have been administered

Guidelines for Completing DS-3026 Medical History and Physical Examination Worksheet

This form must be completed by a PHYSICIAN, not the applicant.

Be sure to indicate if follow-up is needed

Comment on:

- Status of current medical conditions
- Any abnormal physical exam findings
- Any current medications
- Status of mental health and substance use

Visual Acuity at 20 feet: Uncorrected L 20/ _____ R 20/ _____
Corrected L 20/ _____ R 20/ _____

Be sure to document visual acuity



TOOL 6.2

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

Guidelines for Completing DS-3030 Chest X-Ray and Classification Worksheet

Must be completed by a RADIOLOGIST (not a physician)

U.S. Department of State
CHEST X-RAY AND CLASSIFICATION WORKSHEET
For use with TB T1-2007 and the DS-2054
Complete Sections 1 through 5. As Applicable
OMB No. 1425-0113
EXPIRATION DATE: 08/31/2014
ESTIMATED BURDEN: 10 MINUTES
(See Page 2 - Back of Form)

Name (Last, First, MI) _____ Age _____
 Birth Date (mm-dd-yyyy) _____ Passport Number _____ Alien (Case) Number _____

1. Chest X-Ray Indication (Mark all that apply)
 Age ≥ 15 years
 Signs or symptoms of tuberculosis
 HIV infection
 Test for TB infection:
 TST ≥ 10 mm
 IGRA Positive
 Contact: TST ≥ 5 mm

2. Chest X-Ray Findings Date Chest X-Ray Taken (mm-dd-yyyy) _____
 Normal Findings
 Abnormal Findings (Indicate category and finding, checking all that apply in the table below.)

Can Suggest Tuberculosis (Need Smears and Cultures)		Other X-Ray Findings
<input type="checkbox"/> Infiltrate or consolidation	<input type="checkbox"/> Discrete linear opacity (fibrotic soar)	<input type="checkbox"/> Follow-up needed (Mark as Class B Other)
<input type="checkbox"/> Any cavitary lesion	<input type="checkbox"/> Discrete nodule(s) without calcification	<input type="checkbox"/> Musculoskeletal
<input type="checkbox"/> Nodule or mass with poorly defined margins (such as tuberculosis)	<input type="checkbox"/> Discrete linear opacity (fibrotic soar) with volume loss or retraction	<input type="checkbox"/> Cardiac
<input type="checkbox"/> Pleural effusion*	<input type="checkbox"/> Other (such as bronchiectasis)	<input type="checkbox"/> Pulmonary, non-TB (e.g., emphysema)
<input type="checkbox"/> Hilar/mediastinal adenopathy with or without atelectasis		<input type="checkbox"/> Other
<input type="checkbox"/> Other (such as military findings)		<input type="checkbox"/> 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 _____
 Radiologist's Signature _____ Date Interpreted (mm-dd-yyyy) _____

3. Sputum Smears and Cultures
 No, not indicated - Applicant has no signs or symptoms of TB, no known HIV infection, and:
 X-ray Normal or 'Other X-Ray Findings' checked above and test for TB infection negative (if performed); this is No Class
 X-ray Normal or 'Other X-Ray Findings' checked above and test for TB infection positive (if performed); this is Class B2 TB, LTBI Evaluation
 Yes, are indicated - Applicant has (Mark all that apply):
 Signs or symptoms of TB
 Chest X-ray suggests TB
 HIV infection

Sputum Smear Results			Sputum Culture Results			
Date Specimen Obtained (mm-dd-yyyy)	Positive	Negative	Date Specimen Obtained (mm-dd-yyyy)	Positive	Negative	NTM*

* Nontuberculous Mycobacteria
 Positive Smear or Culture Result, or Clinical Judgment: this is a 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

DS-3030 08-2011 TURN PAGE OVER TO FINISH DS-3030 FORM Page 1 of 2

Required for 2-14 year olds

1. Chest X-Ray Indication (Mark all that apply)
 Age ≥ 15 years
 Signs or symptoms of tuberculosis
 HIV infection Mark if known HIV case
 Test for TB infection:
 TST ≥ 10 mm
 IGRA Positive
 Contact: TST ≥ 5 mm

REQUIRED if positive CXR findings
 Sputum smear and culture collection dates should be as consecutive as possible.
 Sputum smear and culture results should be recorded as the date the specimen was obtained/collected

If sputum collection dates are not consecutive, note reason(s) in Remarks

Classification(s) marked here should be the same on DS-2054

4. Classifications (Mark all that apply and also provide complete information on the DS-2054)
 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

5. Remarks

Forms should be:

- Legible (black ink or typed)
- Errors crossed out with a signal line, date, and initial (no white-outs)
- Kept by panel physicians for 1 year

4. Classifications (Mark all that apply and also provide complete information on the DS-2054)
 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

NOTE: DO NOT mark DS-2054 as Class B1 for TB if the applicant is HIV positive and TB culture is negative

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: AIG/SIDIR, Room 2408 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.