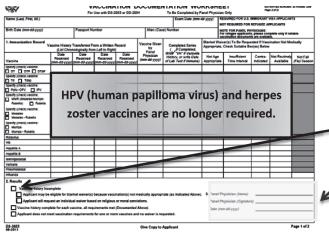


Guidelines for Completing Vaccination Documentation Worksheets

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 <u>incomplete</u>, a blanket waiver will be required.

Only sign once \underline{all} vaccinations have been ${\bf administered}$

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

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

	MI)					Exam Date (mm-dd-yyyy)	1
h Date (mm-de	±-yyyy)	Passport Number			Alien	(Case) Number	
ast Medical F	listory (indicate conditions re	quiring medication or other treat	ment after	reset	dement and give de	etails in Remarks) not be deemed medically definitive.	\dashv
o Yes Gene	ral	as been reported, has not been v	No.	a pny Yes	sician, and should r	not be deemed medically definitive.	
	s or injury requiring hospitaliz	ration (including psychiatric)		ш	property damage	RIOUS injury to others, caused MAJOR or had trouble with the law because of	
	iology				medical condition, drugs	, mental disorder, or influence of alcohol or	
	disease					exually Transmitted Diseases	
	rtension (high blood pressure)				exually Transmitted Diseases	
☐ Cardi	ac arrhythmia				Last menstrual pe	eriod Date (mm-dd-yyyy)	_l
Dute	onology				Sexually transmitt	ed diseases, specify	- l
	ry of tobacco use						-1
	Current use Yes	No	1_	_	Endocrinology a		
Asthr		(t)	ᅵ片		Diabetes mellitus		
	nic obstructive pulmonary disc			H	Thyroid disease History of malaria		
Histor	y of tuberculosis <i>(TB)</i> disease Treated		1"	_	Other	-	
	Current TB symptoms				Malignancy, spec	⇒y	_1
Neur	ology and Psychiatry				Chronic renal dise		
	y of stroke, with current impa	rment				or other chronic liver disease	
	re disorder impairment in learning, intelli	annon reff care memor:			Hansen's Disea.		
comm	nunication	-			Multibacillary		
	mental disorder (including m ophrenia, mental retardation)	ajor depression, bipolar disorder,			Treated Ye	es 📙 No	
	opnrenia, <i>mental retardation)</i> f drugs other than those requ	ired for medical reasons			Visible disabilities	(including loss of arms or legs),	
☐ Addic	tion or abuse of specific" sub	stance (drug)	-		specify		
	netamines, cannabis, cocaine cyclidines, sedative-hypnotics						
		including alcohol addiction or			Other requiring tre	eatment, specify	
abuse		-		=			_
L Everta	iken action to end your life		-	_			-1
	nination (indicate findings an						_
□ No □	Yes Applicant appears to	be providing unreliable or false	informatio	n, spe	ecify		
							-
Height	cm Weight			Unco	orrected L 20/	R 20/	
· — /_	(mmHg) Heart rate	/min Respiratory rate N, normal; A, abnormal; ND			Corrected L 20/ _	R 20/	
N° A' NE			, not don				
					Genitalia (includin	ng circumcisio , infection(s))	
	Hearing and ears					ncludin , adenopathy)	
						ing pulses, edema)	
						system (including gait)	
		b)			Skin (including	hypopigmentation, anesthesia, fincing elf-inflicted injury or injections)	gs
		r		4	Lymph nodes	simmues injury or injections)	
888		i	5 5	F.		(including nerve enlargement)	1
	Abdomen (including liver, Fundal heigh		5 5			(including mood, intelligence, perception	A.
	. G.dai negi			_		s, and behavior during examination)	1
-3026						Page 1 of	2
2011							1
2011	_			_			-
2011	Visual Acuity a	t 20 feet: Uncorre	ected	L	20/	R 20/	
2011	Corrected L 20/						
2011			OHEC	ıeu	L 20/	R 20/	_
2011							
2011							

Be sure to indicate if follow-up is needed

,
3. Additional Testing Needed Prior to Approving Medical Clearance
No Yes Physical examination or laboratory results contradict medical history
Physical examination or laboratory results contractor medical nutrry Referral prior to departure. If yes, provide results
- Teleful prior to departure in yes, provide results
Referral prior to departure If yes, provide results
A Section 1
V
4. Follow-up Needed After Arrival
No Yes, within 1 week Yes, within 1 month Yes, within 6 months
For continuing medication, list type, dose, and frequency (Exception: For TB medications, use Part 4 of DS-2053 or DS-2054 form)
For continuing other treatment, specify
5. Remarks (Describe any almormal history, almormal findings, and resulting interventional)
Remarks (Describe any abnormal findings, and resulting interventions) Comment on:
Comment on:
Comment on: Status of current medical conditions Any abnormal physical exam findings
Comment on: • Status of current medical conditions
Comment on: Status of current medical conditions Any abnormal physical exam findings
Comment on: Status of current medical conditions Any abnormal physical exam findings Any current medications
Comment on: Status of current medical conditions Any abnormal physical exam findings Any current medications Status of mental health and substance use

Public reporting burden for this collection of information is estimated to average 36 minutes per response, including time required for searching existing data sources, galaring the necessary downeartation, providing the information and/or documents required, and reviewing the find collection. You do not have to supply this information unless this collection displays a currently valid CMB control number. If you have comments on the accuracy of this burden estimate and/or recommendations for reducing it, please send them for . A/GIS/DIR, Room 2400 SA-22, U.S. Department of State, Washington, DC 2002-22002.

CONFIDENTIALITY STATEMENT

WITHORITIES The information saked for on his form in requested pursuant to Section 212(a) and 221(d) and as required by Section 222 of the uniquization and Nistorally Act. Section 22(d) provides that the records of the Department of Distates and of optionation and constant offices of the Julied California plan the issuance and refusal of visas or permits to enter the United States shall be considered confidential and shall be accepted by the feature of the province of the immigration, nutionality, and other laws of the United States. Detfield copies of such records may be made available to a court provided the court certifies that the information contained in such records is seveded in a case perhaps before the court of the province of the immigration of the such as the California of the court certifies that the information contained in such records is seveded in a case perhaps 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 so 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 vias 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 lar 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. Issue.

National Center for Emerging and Zoonotic Infectious Diseases

Division of Global Migration and Quarantine



237881-F



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



CHEST X-RAY AND CLASSIFICATION WORKSHEET Name (Last, First, Mi) Birth Date (mm-dd-yyyyy) Passport Number Passport Number Passport Number	(9 INAUTES		
1. Chest X-Ray Indication (Mark all that apply)			
2. Chest X-Ray Findings Date Chest X-Ray Taken (mm-dd-yyyy)	Required for 2-14 year old		
Any cavitary lesion Nodule or mass with poorly defined margins Discrete nodule(s) without calofication Cardiac Cardiac Cardiac Plearal efficient Other (such as bronchiectasis) Other (such as miliary findings) If unload whether plearal fluid or thickening, perform lateral or decubits chest radiograph, or targeted ultrasound. Remarks Remarks	Signs or symptoms of tuberculosis ☐ IGRA Positive IGRA Positive		
remarks	REQUIRED if positive CXR findings		
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, LTB Yes, are inclinated - Agolicant has (Mark aff hat apoly):	Sputum smear and culture collection dates should be as consecutive as		
Signs or symptoms of TB Chest X-ray suggests TB HV Infection	possible.		
Sputum Sinear Results Sputum Culture Results Date Specimen Obtained (mm-d5-yyyy) Positive Negative Date Specimen Obtained (mm-d5-yyyy) Positive Negative NTM* C	Sputum smear and culture results		
* Nontuberculous Mycobacteria	should be recorded as the date the		
Positive Smear or Culture Result, or Clinical Judgment: this is a Class A TB Negative Smear and Culture Results and: Cheat X-Ray suggest Str. Class B 118, Pulmonary	specimen was <u>obtained/collected</u>		
HIV infection with normal X-ray and no signs and symptoms of TB: No Class for TB	age 1 of 2		
If sputum collection dates are not	Classifications (Mark all that apply and also provide complete information on the DS-2054) No Class Class B2 TS I, LTB Evaluation		
consecutive, note reason(s) in	☐ Class A TB ☐ Class B3 TB, Contact Evaluation ☐ Class B1 TB, Pulmonary ☐ Class B Other		
Remarks	Class B1. TB. Extrapulmonary S. Remarks		
	/		
	Forms should be: Legible (black ink or typed)		
	Errors crossed out with a signal line,		
Classification(s) marked	date, and initial (no white-outs)		
here should be the	 Kept by panel physicians for 1 year 		
same on DS-2054	PAPERWORK REDUCTION ACT AND CONFIDENTIALITY STATEMENTS		
lassifications (Mark all that apply and also provide complete information on the DS-2054)	PAPERWORK REDUCTION ACT STATEMENT Public recording burden for this collection of information is estimated to average 10 minutes per response, including time required for		
No Class ☐ Class B2 TB, LTBI Evaluation Class A TB ☐ Class B3 TB, Contact Evaluation	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 invites this collection displays a currierly 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 AVGIGOR, Rome 7460 3-Acc; J.S. Department of Educ. Washington, OC 200222 2022.		
Class B1 TB, Pulmonary Class B Other	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		
Class B1, TB, Extrapulmonary	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, ameniment, 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		
NOTE: <u>DO NOT</u> mark DS-2054 as Class B1 for TB if	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 fall to submit this form or who do not provide all the requested information may be derived a U.S. immigrant visa. Although thumship this Information is voluntary, failure to provide this information may delay or prevent the processing of		

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