

SUPPORTING STATEMENT FOR PAPERWORK REDUCTION ACT SUBMISSION

Medical Examination for Immigrant or Refugee Applicant OMB Number 1405- 0113

A. JUSTIFICATION

1. The Immigration and Nationality Act (INA), 8 U.S.C. §1101 et seq., statutorily mandates the application and eligibility requirements for aliens seeking to obtain immigrant, and occasionally nonimmigrant, visas and alien registration.

INA § 221(d) requires that prior to issuance of an immigrant visa to any alien, the consular officer shall require such alien to submit to a physical and mental examination in accordance with such regulations as may be prescribed. The results of medical examination are used to determine the alien's eligibility for such a visa under INA § 212(a)(1).

INA § 412(b)(4)(B) requires that the USG "provide for the identification of refugees who have been determined to have medical conditions affecting the public health and requiring treatment...." Form DS-2053, Medical Examination for Immigrant or Refugee Applicant (1991 Technical Instructions); Form DS-2054, Medical Examination for Immigrant or Refugee Applicant (2007 Technical Instructions); Form DS-3024, Chest X-Ray and Classification Worksheet (1991 Technical Instructions); Form DS-3030, Tuberculosis Worksheet (2007 Technical Instructions); Form DS-3025, Vaccination Documentation Worksheet; Form DS-3026, Medical History and Physical Examination Worksheet.

2. Forms DS-2053, DS-2054, DS-3024, DS-3025, DS-3026 and DS-3030 are designed to provide pertinent information for, and record the results of, the medical examination required by INA § 221(d). The purpose of the medical examination is to determine whether the applicant has a medical condition that renders the applicant ineligible to receive a visa or a medical condition that, although not constituting a specific excludable condition, represents a departure from the normal health or well-being that is significant enough to interfere with the applicant's ability to care for himself, or to attend school or work, or that may require extensive medical treatment or institutionalization in the future. A panel physician, contracted by the consular post in accordance with instructions issued by the Centers for Disease Control (CDC), performs the medical examination of the applicant and completes the forms. The CDC also provides panel physicians with technical instructions (TIs) for completing the form. Posts follow either the 1991 version or the 2007 version of the TIs. Forms DS-2053 and DS-3024 correspond with the 1991 TIs; Form DS-2054 and Form DS-3030 correspond with the 2007 TIs. Forms DS-3025 and DS-3026 correspond with both sets of TIs. Upon completing the applicant's medical examination, the examining panel physician submits a report to the consular officer on Form DS-2053 or DS-2054. The Bureau of Consular Affairs and the Centers for Disease Control established a target date of October 1, 2013, for all panel physicians to be screening under the 2007 technical instructions and use DS-2054, DS-3030, DS-3026 and DS-3025. The Department currently has one consulate using the DS-2053 and will

discontinue the use of the form by October 31, 2014. Once the form has been discontinued, DS-2053 and DS-2054 will no longer be in use.

The medical finding by the panel physician or the CDC, if referred to that agency, is binding on the consular officer in adjudicating the alien's eligibility. The information requested on the forms are limited to the result of any diagnostic tests required for the diagnosis of the diseases identified as communicable disease of public health significance and other tests identified as necessary to confirm a medical ineligibility under INA § 212(a)(1).

3. The electronic version of the combined medical forms (DS-2054, DS-3030, DS-3025 and DS-3026) is being tested at a select number of Posts. Beta 2 Testing will begin Spring 2015. Once beta testing is completed and physicians can successfully log onto the medical portion of the Consular Electronic Application Center (CEAC), verify all information is accurate, electronically sign and submit the application, the Department will roll out the electronic version of the forms on a post-by-post basis. Until then, applicants will continue to use the paper based forms until their respective post has access to the electronic medical forms. The Department anticipates a full rollout to all posts by the end of 2015.
4. The electronic version of the medical forms will be available as part of CEAC. Only panel physicians selected by the Department will be able to access the form. Panel physicians will use their email address to log in to the medical portion of CEAC, which is inaccessible to visa applicants. Once the forms have been completed and the physician has verified the answers provided, the physician will electronically sign and submit the application to the Department in electronic form. It is the intention of the Department to discontinue the paper versions as this electronic submission option is made available to all approved panel physicians worldwide.

For all applicants, until further notice, the panel physician will continue to complete the paper version of the forms during the medical examination. The forms are available through the Department's eForms application. The forms can be downloaded and submitted to the panel physician.

The medical forms are used to collect specific information that facilitates the processing of immigrant, or in some cases nonimmigrant, visa cases. The information collected by the forms is not duplicative of information maintained elsewhere or otherwise available.

5. The information collection does not involve small business or other small entities.
6. This information collection is essential for determining the eligibility of aliens seeking immigrant or nonimmigrant visas to enter the United States. Panel physicians fill out the medical forms one time for each medical examination of an immigrant or nonimmigrant visa applicant or refugee. It is not possible to collect the information less frequently since up-to-date medical information is needed to determine the eligibility of the applicant.
7. No such circumstances exist.
8. The Department of State (Bureau of Consular Affairs, Visa Services) published a 60-day Federal Register Notice (79 FR 47, March 11, 2014), as required by 5 CFR 1320.8(d). No comments were received. Visa Services meets regularly with immigration experts from the Department of Homeland Security to coordinate policy. Visa Services also

meets with student groups, business groups, immigration attorneys, and other interested groups to receive their opinions and suggestions regarding visa procedures and operations.

9. No payment or gift is provided to respondents.
10. Applicants are informed that on the DS-2054 or DS-2053 (currently being used at one post) the Department “ask[s] for information on this form, in the case of applications for immigrant visas, to determine medical eligibility under INA Sections 212(a) and 221(d), and, in the case of refugees, as required under INA Section 412(b)(4) and (5). If a visa is issued or refugee status granted, you [the applicant] will convey this form to U.S. Department of Homeland Security (DHS) for disclosure to the Centers for Disease Control and Prevention and to the U.S. Public Health Service. If a visa is not issued or refugee status is not granted, this form will be treated as confidential under INA Section 222(f).” In accordance with section 222(f), information obtained from the applicant is considered confidential and generally is to be used only for the formulation, amendment, administration, or enforcement of the immigration, nationality, and other laws of the United States.
11. The questions on the collection are designed to solicit the medical information necessary to determine whether an applicant is eligible for a visa under section 212(a)(1) of the INA. The collection is used to determine whether refugees or immigrants have medical conditions affecting the public and requiring treatment.
12. Approximately 660,000 aliens annually apply for immigrant visas and refugee admission worldwide. Out of the 660,000 applicants approximately 645,000 are immigrant visa applicants and 15,000 are refugees. A panel physician completes the form for each immigrant visa applicant and potential refugee. A nonimmigrant visa applicant may be required, if the consular officer requests, to submit an examination to ascertain whether such alien is eligible to receive a visa.

The estimated amount of time it takes for a medical professional to complete the medical exam is one hour. Therefore the annual hour burden to respondents is estimated to be 660,000 hours (660,000 x 1). This estimate includes the amount of time it takes the physician to examine the applicant. Based on the U.S hourly wage of \$21, the weighted wage hour cost burden for this collection is approximately \$13,860,000 (1 hour x \$21 hour wage x 660,000 respondents = \$13,860,000)

13. Immigrant visa applicants bear all costs related to this medical examination process. Based on an estimate of the average cost of medical examinations administered by panel physicians worldwide (\$100), average cost of vaccinations (\$350) and the number of immigrant visa respondents per year (645,000), the estimated annual cost burden is \$290,250,000 million. (\$100 medical examination + \$350 vaccinations = \$450 cost burden to applicant. \$450 x 645,000 applicants = \$290,250,000.) While immigrant visa applicants are responsible for all cost incurred during the medical examination process, refugee applicants’ medical exams are covered by the International Organization for Migration (IOM) and Department of State approved panel physicians. The full cost to the government is calculated in the item below.

14. The department estimates that the cost of this information collection to the Federal Government is on average, approximately \$2,439,360 per fiscal year. This estimate is based on the current hourly charge for the Consular Time of \$231, multiplied by the number of hours required to review the application and number of respondents. The design of the form allows the consular officer to thoroughly review the form for an indication of medical ineligibility in a period of time lasting no more than one minute. Therefore, 0.016 hours x \$231 CoSM x 660,000 respondents = \$2,439,360.

Refugee applicants' medical exams are covered by either IOM or Department of State approved panel physicians. Refugee applicants may only use panel physicians recognized and approved by United States embassies if not using IOM panel physicians. As a result, the Department estimates that the average cost to the government would be approximately \$450 per refugee applicant. With an estimate of 15,000 refugee applicants applying each year multiplied by the average cost of \$450 per applicant, the added cost to the government is approximately \$6,750,000. The total cost to the government would be approximately \$9,189,360. (\$2,439,360 CoSM + \$6,750,000 approximate refugee cost to government)

15. There are program adjustments in this collection. In 2011, there were approximately 630,000 respondents. In 2013, the number of respondents increased by 30,000 to 660,000 respondents. As a result, the annual burden hours and cost to the applicants has increased. Previous collection stated that the total hour burden was 630,000 hours but for this renewal period it will be 645,000 hours. The annualized cost to respondents has increased by \$6,750,000 from the previous collection of \$283,500,000 to \$290,250,000. Certain documentation changes were made to some forms:

- DS-3025: Photo block added (no cost to respondent, taken at examination facility), more detailed listing of vaccination history and types, extra line for additional vaccinations, deleted flu vaccination, simplified summary section. These changes will not add additional burden to the form.
- DS-3026: Photo block added (no cost to respondent); added following items to Cardiology section - changed Heart disease to Congestive Heart Failure or Coronary Heart Disease, added Rheumatic Heart Disease and Congenital Heart Disease; Pulmonary Section – added Fever, Cough, Night Sweats, Weight Loss; Neurology and Psychiatry Section split into separate sections; Obstetrics section – separated into Obstetrics and STD sections (Obstetrics) deleted menstrual period question and added pregnancy current and previous dates, (STD Previous Treatment) added 5 STD listings; Endocrinology and Hematology Section – separated sections, deleted malaria history question, added anemia, sickle cell, Thalassemia, and other hemoglobinopathy questions; Other - added HIV question, added glasses or contacts question; added blocks to list all current medications and previous surgeries; Physical Examination Section – deleted breast exam and fundal height questions; added Mental Health specialist question; deleted entire Additional Testing questions; deleted Follow-up section. These changes will not add additional burden to the form.
- DS-2054: added Intended US Address/City/State blocks; added Applicant category section. Additional items are negligible increase in burden.

- DS-3030: Form name changed from *Chest X-Ray and Classification Worksheet* to *Tuberculosis Worksheet*; Photo block added (no cost to respondent, taken at examination facility); renumbered *Chest X-Ray section*; deleted *Other X-Ray Findings* checkbox; reorganized *No Sputum Specimens Required* section to separate out conditions; under Remarks added *Radiologist's Name*; section 4. Sputum Smears added *End of Treatment Cultures* checkbox and deleted 4 checkboxes for results; Tuberculosis Classification Section – added more detailed explanations for each category, under Class B1 Extrapulmonary, Class B2 TB added checkboxes for treatment details; Section B3 TB added treatment checkboxes and source information and checkboxes. These changes will not add additional burden to the form
16. A quantitative summary of all Department of State visa activities is published in the annual Report of the Visa Office. The Report of the Visa Office is an annual report providing statistical information on immigrant and non-immigrant visa issuances by consular offices, as well as information on the use of visa numbers in numerically limited categories. The Visa Office currently has annual reports available from 2000 to 2013. The link to the site is: http://travel.state.gov/visa/statistics/statistics_1476.html.
 17. The Department will display the expiration date for OMB approval of the information collection.
 18. The Department is not requesting any exception to the certification statement.

B. COLLECTION OF INFORMATION EMPLOYING STATISTICAL METHODS

This collection does not employ statistical methods.