**SUPPORTING STATEMENT FOR
PAPERWORK REDUCTION ACT SUBMISSION

Medical Examination for Visa or Refugee Applicant**

**OMB Number 1405-0113
DS-2054, DS-3025, DS-3026 and DS-3030**

**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 nonimmigrant, visas and alien registration.

INA section 221(d) [8 U.S.C. § 1201(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. Medical exams are sometimes required for nonimmigrant visa applicants pursuant to INA section 221(d). The results of medical examination are used to determine the alien’s eligibility for such a visa under the INA, including the health-related visa ineligibility grounds in section 212(a)(1) [8 U.S.C. § 1181(a)(1)]. INA section 412(b)(4)(B) [8 U.S.C. § 1522(b)(4)(B)] requires that the United States government “provide for the identification of refugees who have been determined to have medical conditions affecting the public health and requiring treatment.”

1. Forms DS-2054 (Medical Examination for Visa or Refugee Applicant), DS-3025 (Vaccination Documentation Worksheet), DS-3026 (Medical History and Physical Examination Worksheet), and DS-3030 (Chest X-Ray and Classification Worksheet) are designed to provide pertinent information for, and record the results of, the medical examination required by INA section 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, selected by the consular post in accordance with instructions issued by the Centers for Disease Control and Prevention (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. 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 is limited to the result of any diagnostic tests required for the diagnosis of the diseases identified as communicable diseases of public health significance and other evaluations identified as necessary to confirm a medical ineligibility under INA section 212(a)(1).

1. An electronic medical examination report is currently under development. The Department anticipates a full rollout of the electronic version by the end of 2018.
2. The information collected by the forms is not duplicative of information maintained elsewhere or otherwise available.
3. The information collection does not involve small business or other small entities.
4. 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 applicant or refugee unless the forms presented by the applicant or refugee have expired prior to visa issuance. In such cases, the applicant or refugee would require another medical examination and new medical forms. 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.
5. No special circumstances exist.
6. The Department of State (Visa Office, Bureau of Consular Affairs) published a 60-day notice in the Federal Register on June 22, 2017 (82 FR 28544), soliciting public comment on this collection. The Department received two comments. The first comment expressed discontent with U.S. immigration policy in general and did not meaningfully address the collection itself. The Department considers this comment nonresponsive and will not make any changes to the collection in response to this comment. The second comment asked where the forms could be obtained. The Federal Register notice provided contact information and a means to request the forms.
7. No payment or gift is provided to respondents.
8. Visa and refugee applicants will be informed that the information obtained through the panel physician as part of the collection, in the case of visa applicants, will be used 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). In accordance with section 222(f), information obtained from visa and refugee applicants 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.
9. 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. Further, the collection is used to determine whether refugees have medical conditions affecting the public and requiring treatment.
10. Approximately 828,278 aliens are subject to a medical examination worldwide. This includes immigrant visa applicants, refugees, and some nonimmigrant visa applicants. A panel physician completes an examination for each applicant. 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 828,278 hours (828,278 x 1 hour). This estimate includes the amount of time it takes the physician to examine the applicant. Based on the U.S. hourly wage of $23.23, the weighted wage hour cost burden for this collection is approximately $ 26,937,257. This is based on the calculation of $23.23 (average hourly wage) x 1.4 (weighted wage multiplier) x 828,278 respondents = $ 26,937,257.
11. 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 applicants per year (828,278), the estimated annual cost burden is $372,725,100 ($100 medical examination + $350 vaccinations = $450 cost burden to applicant, and $450 x 828,278 applicants = $372,725,100).
12. The Department estimates that the cost of this information collection to the Federal Government is, on average, approximately $1,863,625 per fiscal year. This estimate is based on the current hourly charge for the Consular Time (from the Cost of Service Module (CoSM)) of $135, 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 ineligibly in a period of time lasting no more than one minute. Therefore, 1/60 hours x $135 CoSM x 828,278 respondents = $ 1,863,625.
13. The Department will amend the name of the collection, to reflect that some nonimmigrant visa applicants undergo required medical examinations. The burden has increased from the last submission to OMB, reflective of recent statistics of visa and refugee applicants undergoing medical exams. The Department will make numerous revisions to each of the forms in this collection. The changes are as follows:

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| --- | --- | --- |
| ***Section*** | ***Current*** | ***Change*** |
| **DS-2054** |
| Title | Medical Examination for Immigrant or Refugee Applicant | Report of Medical Examination by Panel Physician |
| Header |   | Remove "For use with DS-3030" |
| Name | One field for "Name (Last, First, MI)" | Two fields, for "Surnames" and "Given Names" |
|   | "U.S. Consul" | "U.S. Consulate/Embassy" |
|   | One field for "Passport Number" | Separate into two fields. The fields will be "Document Type" and "Document Number" |
|  | "Alien (Case) Number" | "Case or Alien Number" |
|   | “Prior Country” | “Prior Country of Residence” |
| Laboratory Boxes | "DOT Facility" | "TB DOT Facility" |
|   | Addition of "Gonorrhea Laboratory" Box |
| Applicant Category |   | Added “Follow to Join” before Visa 92 and Visa 93 categories. |
|  | Add a field under "Other NIV" in the Non-immigrant Visa category to allow physician to specify category |
| Section 1, Class A conditions |   | Remove "chancroid," "granuloma inguinale," and "lymphogranuloma venerum." |
|   | Spell out CSA and change to "Addiction or abuse of specific substance in the Controlled Substances Act" |
|   | Amend for consistent language in other portions of form to "Any physical or mental disorder (excluding addiction or abuse of specific substance in the Controlled Substances Act but including other substance-related disorder) with harmful behavior or history of such behavior likely to recur" |
| Section 1, Class B conditions |   | Spell out CSA as "Controlled Substances Act" |
|   | Add "Gonorrhea, treated within the last year" |
| Section 2, Vaccination Documentation | "Immunization Documentation for Immigrant Visa Applicants" | Change to "Vaccination Documentation" |
| Limited check boxes available | Check boxes updated to include the following options:• Immigrant Visa or Parolee applicant completed vaccination requirements• K Visa applicant voluntarily completed vaccination requirements• Immigrant Visa applicant refused vaccination (Class A)• Immigrant Visa applicant requested Adoptee Exemption• Immigrant Visa applicant requests Individual Waiver based on religious or moral convictions• Refugee or follow to join Asylee/Refugee (V92/93) applicant not required to meet vaccination requirements• K Visa applicant electing not to be vaccinated• Other NIV applicant not required to meet vaccination requirements |
|
| Part 3, Panel Physician |  | Applicant signature box will be removed, and Part 4 will become Part 3. |
| **DS-3025** |
|  |  | Replaced “Immunization” with “Vaccination” throughout form |
| Name | One field for "Name (Last, First, MI)" | Two fields, for "Surnames" and "Given Names" |
|   | One field for "Passport Number" | Separate into two fields. The fields will be "Document Type" and "Document Number" |
|  | "Alien (Case) Number" | "Case or Alien Number" |
|  Part 1, Column Headings | “For Designated Refugees Only: Additional Vaccine Given by IOM\*”Corresponding footnotes read: “\*Only for designated refugees in special IOM vaccination program. | Amended to “For Designated Refugees Only: Additional Vaccine Given by Panel Site”Corresponding footnote amended to “\*Only for designated refugees enrolled in the Vaccination Program for U.S.-bound Refugees”Check box added for a “Refugee declines to receive vaccinations” |
| “Test for immunity” | Changed to “Test for Immunity Positive” |
| Part 1, Blanket Waiver Legend | “**F** Not flu season” | Changed to “**F** Flu vaccine not available” |
|  Section 2, Vaccination Documentation |  “Summary for Immigrant Visa Applicants” | Amending to “Vaccination Documentation” |
|  Limited boxes | Check boxes updated to include the following options:• Immigrant Visa or Parolee applicant completed vaccination requirements• K Visa applicant voluntarily completed vaccination requirements• Immigrant Visa applicant refused vaccination (Class A)• Immigrant Visa applicant requested Adoptee Exemption• Immigrant Visa applicant requests Individual Waiver based on religious or moral convictions• Refugee, Asylee, or follow-to-join refugee/asylee (V92/93)applicant not required to meet vaccination requirements• K Visa applicant electing not to be vaccinated at this examination • Other NIV applicant not required to meet vaccination requirements |
| Section 3, Panel Physician Name (printed) |  |  Update statement next to panel physician name to read, “I attest I performed this examination or supervised completion of this form and have an agreement with the Department of State.”   |
| Section 4, Contraindications to vaccination  |  | “Contraindications” made plural |
| “Pregnancy” | “Current pregnancy” |
| **DS-3030** |
| Header |  | Remove “For use with DS-2054” |
|   | One field for "Name (Last, First, MI)" | Two fields for "Surnames" and "Given Names" |
|  | One field for "Passport Number" | Separate into two fields. The fields will be "Document Type" and "Document Number" |
|  | "Alien (Case) Number" | "Case or Alien Number" |
| Section 1, Test for Cell-Mediated Immunity to Tuberculosis |  | Added check boxes to indicate which type of IGRA test was performed: “Quantiferon” or “T-Spot” |
|  Section 2, Chest X-Ray Indication |   |  Addition of check box to indicate Chest X-Ray indicated by “History of tuberculosis” |
| Section 3, Ches X-Ray Findings |   |  Parenthetical added to indicate that a radiologist completes Section 3. |
|  “No Sputum Specimens Required” | “Does Not Need Smears and Cultures” |
|  | Add check boxes in “Suggests Tuberculosis” portion:* Irregular thick pleural reaction
* Reticular marking suggestive of fibrosis
 |
| Section 6, Tuberculosis Classification  |  | Addition of check boxes indicating “Started but did not finish” treatment for tuberculosisAddition of check box indicating whether panel or non-panel physician performed treatmentRemoved check box options under “Class B3 TB, Contact Evaluation” portion. Added option of “DST results not yet available” check boxRemoved months of treatment after isoniazid and rifampin |
|  |  | Added check box for “Reticulonodular markings suggesting fibrosis” under “Findings Present” |
| Section 7, History of Class A TB, Continued | “DGMQ-Designated DOT Site” and “Non-DGMQ Designated DOT Site” | “Designated DOT Site” and “Non-Designated DOT Site” |
| **DS-3026** |
|   | One field for "Name (Last, First, MI)" | Two fields for "Surnames" and "Given Names" |
|  | One field for "Passport Number" | Separate into two fields. The fields will be "Document Type" and "Document Number" |
|  | "Alien (Case) Number" | "Case or Alien Number" |
|  Header |   |  Removed “For use with DS-2054” |
| Section 1, Medical History | “Past Medical History” | “Medical History (Past or present)” |
|  | Check box added which states “Applicant appears to be providing unreliable or false information, specify in remarks” |
|  | Amended to “treatment completed” under Tuberculosis and Hansen’s disease |
|  | “Chancroid,” “granuloma inguinale,” and “lymphogranuloma venereum” removed from optional check boxes. |
| “Pregnancy, birth dates” | Amended to “Number of live births” and “Birth dates of live births” |
| “Major mental disorder” | “Psychological/Psychiatric Disorder” |
|  “Use of drugs other than those required for medicals reasons” | “Use of substances other than those required for medical reasons” |
| *“*Addiction (dependence) or abuse of specific substances or drugs on the CSA” |  “Substance use or substance induced disorders of substances on the Controlled Substances Act (CSA)” |
| “Other substance related disorders (including alcohol abuse or dependence)” |  “Substance use or substance induced disorders of substances not on the CSA (including alcohol)” |
| “HIV: if previously tested, mm-yyyy of test” | “An abnormal or reactive HIV blood test”“Diagnosed (mm-yyyy)” |
|  | Removed “Wears glasses or contact lenses” |
| “Chronic renal disease” | “Kidney or Bladder disease” |
| “Chronic liver disease (including hepatitis)” | “Chronic liver disease (including hepatitis B or C)” |
| Section 4, Vital Signs and Vision |  | Amended the vision test from 20 feet to 6 meters |
| Section 5, Physical Examination |  | Removed “Genitalia (including infection(s))” |
|  | Removed “Inguinal region (including adenopathy)” |
| “Nervous system (including nerve enlargement)” | “Nervous system: Sequelae of stroke or cerebral palsy, other neurologic disabilities)” |
|  | Added “Fundal height (if applicable)” |
| Section 6, Mental Health |  | Check boxes amended to match language on DS-2054, |
| Section 7, Syphilis Laboratory Results and Treatment | “Positive” or “Negative” | “Reactive” or “Non-reactive” |
| Section 8, Gonorrhea Laboratory Results and Treatment | “Diagnosis and Treatment of Other Sexually Transmitted Infections” | “Gonorrhea Laboratory results and Treatment” |
|  | Removed check boxes for “Chancroid,” “granuloma inguinale,” and “lymphogranuloma venereum” |
|  | Addition of screening chart for gonorrhea |
| Section 9, Diagnosis and Treatment for Hansen’s Disease  |  | Added instruction under heading: “Complete this section only if the applicant was diagnosed by the panel physician or was on Hansen's Disease treatment at the time of presentation for their medical examination” |
|  |  | “Partial (≥7 days)” |

1. 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 nonimmigrant 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 2016. The link to the site is: https://travel.state.gov/content/visas/en/law-and-policy/statistics.html.
2. The Department will display the expiration date for OMB approval of the information collection.
3. 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.