



U. S. Department of State

# REPORT OF MEDICAL EXAMINATION BY PANEL PHYSICIAN

OMB No. 1405-0113  
EXPIRATION DATE: XX/XX/XXXX  
ESTIMATED BURDEN: 10 minutes  
(See Page 2 - Back of Form)

<b>Photo</b>	Surnames		Given Names		Birth Date (mm-dd-yyyy)	Sex <input type="checkbox"/> M <input type="checkbox"/> F		
	U.S. Consulate/Embassy		Document Type		Document Number	Case or Alien Number		
Birthplace (City, Country)			Present Country of Residence		Prior Country of Residence			
Present Address of Residence			Present City of Residence		Present Postal Code of Residence			
Intended US Address			Intended US City		Intended US State			
Intended US Postal Code			E-mail Address					
Date of Medical Exam (Date of physical exam or date of final TB culture results, if cultures performed) (mm-dd-yyyy)								
Date Exam Expires (3 months if Class A TB, or Class B1 TB, otherwise 6 months) (mm-dd-yyyy)								
Exam Place of Current Exam (City, Country)				Date of Prior Exam, if any (mm-dd-yyyy)				
Panel Physician Performing Exam			Panel Site		Radiology Facility			
Sputum Smear Laboratory			Sputum Culture Laboratory		Syphilis Laboratory			
Drug Susceptibility Test Laboratory			TB DOT Facility		Gonorrhea Laboratory			
Applicant Category (Mark One)	Immigrant Visa <input type="checkbox"/> Immigrant <input type="checkbox"/> Special Immigrant (SIV) <input type="checkbox"/> Diversity <input type="checkbox"/> Adoptee	Refugee <input type="checkbox"/> Refugee <input type="checkbox"/> Follow to join refugee (Visa 93)	Asylee <input type="checkbox"/> Follow to join asylee (Visa 92)	Non-Immigrant Visa (NIV) <input type="checkbox"/> K-Visa <input type="checkbox"/> Other NIV _____	Parolee <input type="checkbox"/> Parolee			
<b>1. Classification</b> (Check all boxes that apply)								
<input type="checkbox"/> <b>No apparent defect, disease, or disability</b> (See Worksheets DS-3025, DS-3026, DS-3030)								
<input type="checkbox"/> <b>Class A Conditions</b> (See Worksheets DS-3025, DS-3026, DS-3030)								
<table style="width:100%; border: none;"> <tr> <td style="width:50%; vertical-align: top;"> <input type="checkbox"/> Tuberculosis disease (1A1)  <input type="checkbox"/> Syphilis, untreated (1A1)  <input type="checkbox"/> Gonorrhea, untreated (1A1)  <input type="checkbox"/> Hansen's Disease, untreated multibacillary or paucibacillary (1A1)         </td> <td style="width:50%; vertical-align: top;"> <input type="checkbox"/> Any physical or mental disorder (excluding addiction or abuse of specific substance on the Controlled Substances Act but including other substance-related disorder) with harmful behavior or history of such behavior likely to recur (1A3)  <input type="checkbox"/> Addiction or abuse of specific substance on the Controlled Substances Act (1A4)  <input type="checkbox"/> Immigrant visa applicant refuses vaccinations (1A2)         </td> </tr> </table>							<input type="checkbox"/> Tuberculosis disease (1A1) <input type="checkbox"/> Syphilis, untreated (1A1) <input type="checkbox"/> Gonorrhea, untreated (1A1) <input type="checkbox"/> Hansen's Disease, untreated multibacillary or paucibacillary (1A1)	<input type="checkbox"/> Any physical or mental disorder (excluding addiction or abuse of specific substance on the Controlled Substances Act but including other substance-related disorder) with harmful behavior or history of such behavior likely to recur (1A3) <input type="checkbox"/> Addiction or abuse of specific substance on the Controlled Substances Act (1A4) <input type="checkbox"/> Immigrant visa applicant refuses vaccinations (1A2)
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<input type="checkbox"/> <b>Class B Conditions</b> (See Worksheets DS-3025, DS-3026, DS-3030)								
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**Class B Other** (Specify or give details from worksheets)

**2. Vaccination Documentation** (See DS-3025, mark one)

- |                                                                                                 |                                                                                                                                    |
|-------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Immigrant Visa or Parolee applicant completed vaccination requirements | <input type="checkbox"/> Immigrant Visa applicant refuses vaccination (Class A)                                                    |
| <input type="checkbox"/> K Visa applicant voluntarily completed vaccination requirements        | <input type="checkbox"/> Immigrant Visa applicant requested Adoptee Exemption                                                      |
|                                                                                                 | <input type="checkbox"/> Immigrant Visa applicant requests Individual Waiver based on religious or moral convictions               |
|                                                                                                 | <input type="checkbox"/> Refugee or follow to join Asylee/Refugee (V92/93) applicant not required to meet vaccination requirements |
|                                                                                                 | <input type="checkbox"/> K-Visa applicant electing to not be vaccinated at this examination                                        |
|                                                                                                 | <input type="checkbox"/> Other NIV applicant not required to meet vaccination requirements                                         |

**3. Panel Physician**

Panel Physician Signature

Date (mm-dd-yyyy)

I attest that I performed this examination, have reviewed all test results, and that the medical classification is correct in accordance with the Centers for Disease Control and Prevention's Technical Instructions for panel physicians. I further attest that I have a current panel physician agreement with the Department of State. I further attest that I provided the applicant the "applicant consent statement" and that the applicant read, understands, and has agreed to its contents.

**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: PRA\_BurdenComments@state.gov

**CONFIDENTIALITY STATEMENT**

INA Section 222(f) provides that visa issuance and refusal records 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. The U.S. Department of State uses the information provided on this form to determine an individual's eligibility for a U.S. visa. Certified copies of visa records may be made available to a court which certifies that the information contained in such records is needed in a case pending before the court. 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. Although furnishing this information is voluntary, individuals who fail to submit this form or who do not provide all the requested information may be denied a U.S. visa or experience processing delays.