Pre exam: Health case details

			OMB Control Number <omb control="" numb<="" td=""> Form Number DS-7794 Expiration Date 09/30/2020 Estimated Burden 60 minutes</omb>
Client personal details Surnames Given names Sex Birth date Birthplace (Country) Birthplace (City) Prior Country of Residence Other Identifiers Identifier type Case ID CEAC barcode Client visa details	<family name=""> <given name(s)=""> <sex> <dd mmm="" yyyy=""> <country (dept)=""> Select an Option Identifior value 456789456 8978335</country></dd></sex></given></family>	Client identity details Document type Document Number Issuing Country Date of issue Date of expiry Source	
Applicant Category Client declaration T declare that NAME (or their parent/gua Department, with this consent to be record User name>		U.S. Department of State regarding eMedical and has agre	eed to his/her medical information being submitted electronically to th
Applicant Category Client declaration ^{* I} declare that NAME (or their parent/gua Department, with this consent to be record	rdian) has read and understands the information provided by the l	U.S. Department of State regarding eMedical and has agre	eed to his/her medical information being submitted electronically to th

Fast Medical	Thistory	\cup		aMail (Dereanal)	annligent@amail.com	Yes		
Basic questic	ons	0		eMail (Personal)	applicant@gmail.com	res	-	
Detailed que	stions	0	-			N		
Review exam	n details	0		Address (Home)	Somewhere, Else, ACT, AUSTRALIA	Yes	-	
Declaration	and Examiner	0	Î	Address (Intended)	298 West 33rd Street,New York, NY 10001, USA	No	-	
S02 Chest X-	-ray Examination	0						-
Pregnancy de		0						
Confirm ident	tity	0						
Attach X-ray	image	0						
Chest X-ray f	indings	0						
Review exam	n details	0						
		~	Damar	second a District state of the state of	a man a mat			

Primary

Paperwork Reduction Act statement

Contact Channel

Contact details

Public reporting burden for this collection of information is estimated to average 60 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 $recommendations \ for \ reducing \ it, \ please \ send \ them \ to: \ PRA_BurdenComments@state.gov$

Comments

Edit

Confidentiality statement

📀 Pre exam

Health case details

Confirm Identity 🕑 All Exams

All exams summary Ourrent exams

501 Medical Examination

Examiner Declaration 603 Investigation on current state of tuberculosis

treatment

713 Gonorrhea

or IGRA 951 Vaccinations

714 Hansen's Disease

106 Mental Health report

607 Continued anti-tuberculosis

712 Syphilis test (VDRL or RPR)

719 TB screening test – TST

Confirm identity

 \checkmark

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Delete

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 primarily 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 cause processing delays.



General	sent)				Answer
Illness or injury requiring hospitalization (inclu	iding psychiatric)	* 💿 Not selecte	d 🔘 No	Yes	
Cardiology		-	-	-	
Hypertension		* 💿 Not selecte	<u> </u>	Yes	
Congestive heart failure or coronary artery dis	;ease	* Not selecte	<u> </u>	Yes	
Arrhythmia Rheumatic heart disease		 Not selecte Not selecte 	<u> </u>	○ Yes	
Congenital heart disease		 Not selecte Not selecte 	-	Yes	
Pulmonology Current Tobacco use		* 💿 Not selecte	d 🔿 No	Yes	
Former Tobacco use		• 🧿 Not selecte	d 🔘 No	Yes	
Asthma		* 🧿 Not selecte	-	◯ Yes	
Chronic obstructive pulmonary disease		* 💿 Not selecte	<u> </u>	Yes	
History of Tuberculosis		* O Not selecte	<u> </u>	Yes	
Diagnosed (mm-yyyy)		•			
Treatment		 Not selecte 	d 🧿 Com	npleted 🔵 On-going 🔵 Not started	
Treatment completed (mm-yyyy)		•			
Fever		* Not selecte		Yes	
Cough Night sweats		 Not selecte Not selecte 	-	○ Yes ○ Yes	
Weight loss		Not selecte Not selecte	~	Yes	
Signs or symptoms of TB		Not selecte	<u> </u>	Yes	
		Not selecte	õ	• Yes	
Contact's Name		*	-		
Contact's case or Alien number, if known					
Contact's case of Allen number, if KNOWN					
Applicant's relationship to Contact		* Select an Option	n	\sim	
Provide details		*			
Date contact ended		* 20Jun2015			
Type of source case TB		* Select an Option	n	\sim	
Psychiatry					
Psychological/Psychiatric Disorder (including	major depression, bipolar disorder or schizophrenia)	* (Not selecte	1 🔘 No	Yes	
Major impairment in learning, intelligence, self	f-care, memory or communication	 Not selecte 	~	O Yes	
Use of substances other than those required f		* 🧿 Not selecte	-	Yes	
Substance use or substance induced disorder	rs of substances on the Controlled Substances Act (CSA)	* 🧿 Not selecte	i 🔿 No	Ves	
	rs of substances not on the CSA (including alcohol)	* 🧿 Not selecte	d 🔘 No	◯ Yes	
Ever caused serious injury to others, caused condition, mental disorder, or influence of alco	major property damage or had trouble with the law because of medic ohol or drugs	ical 🔒 💽 Not selecte	d 🔵 No	Yes	
Ever had thoughts of harming yourself	-	 Not selecte 	d 🔵 No	• Yes	
Ever acted on those thoughts		• 💿 Not selecte		Yes	
Ever had thoughts of harming others Ever acted on those thoughts		 Not selecte Not selecte 		Yes Yes	
		I NOT Selecte			
Neurology History of stroke		 Not selecte 	d 🔵 No	Yes	
Seizure disorder		Not selecte	d 🔘 No	Yes	
Obstetrics					
Is the client pregnant?		Not selecte		◯ Yes	
When does the client expect to give b	irth?	* 25Jun2012			
LMP					
Fundal Height (in cm)					
r andar noight (in only					
r andar Hoight (in only					
		• New			
Previous live births:		• None 🗸	1.000-00		
		None Dd Mmm yyyy			
Previous live births:					
Previous live births:		• Dd Mmm yyyy			
Previous live births: Birth dates:		Dd Mmm yyyy Dd Mmm yyyy			
Previous live births: Birth dates: Sexually Transmitted Diseases		Dd Mmm yyyy Dd Mmm yyyy		(•) Yes	
Previous live births: Birth dates: Sexually Transmitted Diseases Syphilis		Dd Mmm yyyy Dd Mmm yyyy Dd Mmm yyyy		• Yes	
Previous live births: Birth dates: Sexually Transmitted Diseases Syphilis Previous treatment for Syphilis	Start Dose	Dd Mmm yyyy Dd Mmm yyyy Dd Mmm yyyy Not selecte	I IIII	• Yes	
Previous live births: Birth dates: Sexually Transmitted Diseases Syphilis Previous treatment for Syphilis Treatment Medication	Start End Dose	Dd Mmm yyyy Dd Mmm yyyy Dd Mmm yyyy Not selecte Frequency		• Yes	
Previous live births: Birth dates: Sexually Transmitted Diseases Syphilis Previous treatment for Syphilis	Start End Dose dd Mmm yyyy dd Mmm yyyy 10mg	Dd Mmm yyyy Dd Mmm yyyy Dd Mmm yyyy Not selecte	I IIII	• Yes	
Previous live births: Birth dates: Sexually Transmitted Diseases Syphilis Previous treatment for Syphilis Treatment Medication <treatment> </treatment>		Dd Mmm yyyy Dd Mmm yyyy Dd Mmm yyyy Not selecte Frequency 1x3/day	A No		
Previous live births: Birth dates: Sexually Transmitted Diseases Syphilis Previous treatment for Syphills Treatment Medication <treatment> </treatment>		Dd Mmm yyyy Dd Mmm yyyy Dd Mmm yyyy Not selecte Frequency	A No	• Yes	/
Previous live births: Birth dates: Sexually Transmitted Diseases Syphilis Previous treatment for Syphills Treatment Medication <treatment> </treatment>		Dd Mmm yyyy Dd Mmm yyyy Dd Mmm yyyy Dd Mmm yyyy Not selecte Frequency 1x3/day Not selecte	A No		
Previous live births: Birth dates: Sexually Transmitted Diseases Syphilis Previous treatment for Syphilis Treatment Medication <treatment> <drug> Gonorrhea Previous treatment for Gonorrhea</drug></treatment>	dd Mmm yyyy dd Mmm yyyy 10mg	Dd Mmm yyyy Dd Mmm yyyy Dd Mmm yyyy Dd Mmm yyyy Not selecte Frequency 1x3/day Not selecte	I O No		
Previous live births: Birth dates: Sexually Transmitted Diseases Syphilis Previous treatment for Syphilis Treatment Medication <treatment> <drug> Gonorrhea Previous treatment for Gonorrhea Previous treatment for Gonorrhea Treatment> Medication <treatment> Medication <treatment> Verug></treatment></treatment></drug></treatment>	dd Mmm yyyy dd Mmm yyyy 10mg Start End Dose	Dd Mmm yyyy Dd Mmm yyyy Dd Mmm yyyy On Not selecte Frequency 1x3/day Not selecte Frequency	I O No		
Previous live births: Birth dates: Sexually Transmitted Diseases Syphilis Previous treatment for Syphilis Treatment Medication <treatment> <drug> Gonorrhea Previous treatment for Gonorrhea Previous treatment for Gonorrhea Medication <treatment< td=""> Medication <treatment< td=""> Medication <treatment> <drug> Endocrinology</drug></treatment></treatment<></treatment<></drug></treatment>	dd Mmm yyyy dd Mmm yyyy 10mg Start End Dose	Dd Mmm yyyy Dd Mmm yyyy Dd Mmm yyyy On Not selecte Frequency 1x3/day Not selecte Frequency	I No No No No		
Previous live births: Birth dates: Sexually Transmitted Diseases Syphilis Previous treatment for Syphilis Treatment Medication <treatment> <drug> Gonorrhea Medication Previous treatment for Gonorrhea Medication <treatment< td=""> Medication <treatment> <drug> Treatment> <drug> Endocrinology Diabetes</drug></drug></treatment></treatment<></drug></treatment>	dd Mmm yyyy dd Mmm yyyy 10mg Start End Dose	Dd Mmm yyyy Dd Mmm yyyy Dd Mmm yyyy Dd Mmm yyyy Not selecte Frequency Not selecte Frequency X3/day X3/day	I No No No No	• Yes	
Previous live births: Birth dates: Sexually Transmitted Diseases Syphilis Previous treatment for Syphilis Treatment Medication <treatment> <drug> Gonorrhea Medication Previous treatment for Gonorrhea Medication Treatment Medication <treatment< td=""> Medication <treatment> <drug> Enclocrinology Diabetes Thyroid disease Hematologic/Lymphatic</drug></treatment></treatment<></drug></treatment>	dd Mmm yyyy dd Mmm yyyy 10mg Start End Dose	Dd Mmm yyyy Dd Mmm yyyy Dd Mmm yyyy Dd Mmm yyyy Not selecte Frequency 1x3/day Not selecte Frequency 1x3/day Not selecte @ Not selecte	I No iide effects I No iide effects	• Yes Ves Yes	
Previous live births: Birth dates: Sexually Transmitted Diseases Syphilis Previous treatment for Syphilis Treatment Medication <treatment> <drug> Gonorrhea Medication Previous treatment for Gonorrhea Medication Treatment Medication <treatment< td=""> Medication <treatment> <drug> Endocrinology Jabetes Thyroid disease Hematologic/Lymphatic Hematologic/Lymphatic Anemia</drug></treatment></treatment<></drug></treatment>	dd Mmm yyyy dd Mmm yyyy 10mg Start End Dose	Dd Mmm yyyy Not selecte Frequency 1x3/day · ① Not selecte · ② Not selecte · ③ Not selecte · ④ Not selecte · ●	A No ide effects A No ide effects A No A No A No A No	 Yes Yes Yes Yes Yes 	
Previous live births: Birth dates: Sexually Transmitted Diseases Syphilis Previous treatment for Syphilis Treatment Medication <treatment> <drug> Gonorrhea Medication Previous treatment for Gonorrhea Medication Treatment Medication <treatment< td=""> Medication <treatment> <drug> Endocrinology Jabetes Thyoid disease Hematologic/Lymphatic</drug></treatment></treatment<></drug></treatment>	dd Mmm yyyy dd Mmm yyyy 10mg Start End Dose	Dd Mmm yyyy On Not selecte Frequency 1x3/day · ① Not selecte · ② Not selecte · ③ Not selecte · ④ Not selecte	Image: state of the state o	 Yes Yes Yes Yes Yes Yes Yes Yes 	
Previous live births: Birth dates: Sexually Transmitted Diseases Syphilis Previous treatment for Syphilis Treatment Medication <treatment> <drug> Gonorrhea Medication Previous treatment for Gonorrhea Medication Treatment> <drug> Ireatment> <drug> Diabetes <drug> Thyroid disease Hematologic/Lymphatic Henmaia Sickle Cell Disease</drug></drug></drug></drug></treatment>	dd Mmm yyyy dd Mmm yyyy 10mg Start End Dose	Dd Mmm yyyy Not selecte Frequency 1x3/day · ① Not selecte · ② Not selecte · ③ Not selecte · ④ Not selecte · ●	Image: Constraint of the sector of the se	 Yes Yes Yes Yes Yes 	

🕑 Pre exam \checkmark Health case details \checkmark Confirm Identity \checkmark

S All Exams

All exams summary 0 Current exams \circ S01 Medical Examination Confirm identity \bigcirc 0000 Past medical history Basic questions Detailed questions Review exam details Classification and Examiner Declaration Declaration O 502 Chest X-ray Examination O Pregnancy declaration O Confirm identity O Attach X-ray image O Chest X-ray findings O Review exam details O Examiner Declaration O 603 Investigation on current state of tuberculosis 0 607 Continued anti-tuberculosis treatment

712 Syphilis test (VDRL or RPR) 713 Gonorrhea
714 Hansen's Disease

- 719 TB screening test TST or IGRA

 951 Vaccinations

 106 Mental Health report

Current diagnosis or treatment

Other An abnormal or reactive HIV blood test

Diagnosed (mm-yyyy)

Malignancy

Specify

Kidney or Bladder disease Chronic liver disease (Including hepatitis B or C) Other medical conditions requiring treatment Specify

Disabilities (including loss of arms or legs)

Specify

Current medications (List all current medications)

Previous surgeries (List all previous surgeries)

Doctor declaration

Applicant appears to be providing unreliable or false information

Specify

Back Close Save

* O Not selected O No O Yes * O Not selected O No • Yes • * O Not selected O No O Yes Not selected O No O Yes Not selected O No O Yes • Not selected No Yes * Not selected No • Yes

* 💿 Not selected 🔘 No 🔵 Yes



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		501 Medical Examination: B	asic questions
		Basic Questions	
		Exam date	
		Height and Weight	
		Height In centimeters	
		Weight	
		In kilograms	
		BMI	
📀 Pre exam	\checkmark	Blood Pressure	
Health case details	\checkmark	Initial blood pressure	
		Systolic	
Confirm Identity	\checkmark	Diastolic	
O All Exams		Pulse	
All exams summary		r uise	
Ourrent exams		Vital signs	
501 Medical Examination	0	Temperature In °C	
Confirm identity	0	Respiratory rate	
Past Medical History	0	/ min	

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* 6/36

* 6/24

* 6/36

* 6/24

	Past Medical History	0
	Basic questions	0
	Detailed questions	000
	Review exam details	0
	Classification and Examiner Declaration	
\odot	502 Chest X-ray Examination	0000000
	Pregnancy declaration	0
	Confirm identity	0
	Attach X-ray image	0
	Chest X-ray findings	0
	Review exam details	0
	Examiner Declaration	0
٥	603 Investigation on current state of tuberculosis	0
٥	607 Continued anti-tuberculosis treatment	0
\odot	712 Syphilis test (VDRL or RPR)	0
\bigcirc	713 Gonorrhea	0
٢	714 Hansen's Disease	0
٥	719 TB screening test – TST or IGRA	0
\odot	951 Vaccinations	0
\odot	106 Mental Health report	0

/ min
Eyes
Visual acuity testing
Uncorrected
Left eye:
Right eye:
Corrected
Left eye:
Bill
Right eye:

* O Not selected	Uncorrected only OC	orrected only OBoth	No (applicant under 15)
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	_	501 Medical Examination: Detailed questions		
		All systems		
		General appearance	* 💿 Not selected 🔷 Normal 🔷 Abnormal	
		Nutritional status (including acute wasting and or chronic stunting malnutrition)	 Not selected Normal Abnormal 	
		Heart (S1, S2, <i>murmur, rub</i>)	* 🚫 Not selected 🚫 Normal 💽 Abnormal	
		Provide details	*	~
		Lungs	Not selected Normal Abnormal	
🕑 Pre exam	\checkmark	Nervous system: Sequalae of stroke or cerebral palsy, other neurological disabilities	Not selected Normal Abnormal	
Health case details	\checkmark	Abdomen (including liver, spleen)	Not selected Normal Abnormal	
		Musculoskeletal system (including gait)	O Not selected O Normal O Abnormal	
Confirm Identity	\checkmark	Extremities (including pulses, edema)	O Not selected O Normal O Abnormal	
All Exams		Hematologic	O Not selected Normal Abnormal	
All exams summary				
Ourrent exams		Brain and cognition		
501 Medical Examination	0	MMeenntlaall astnadlucso(ginnicti/vuedisntgatmusood, intelligence, perception, thought processes, an	d behavior during examil@bNot selected 🛛 Normal 🔵 Abnormal	
Confirm identity	0	Eyes, ears, nose, throat and mouth		
Past Medical History	0	Eyes	ON Selected ON Normal OAbnormal	
Basic questions	0	Nose, mouth and throat (include dental)	* 💿 Not selected 🚫 Normal 🔵 Abnormal	
Detailed questions Review exam details	00	Hearing and ears	* (Not selected Normal Abnormal	
Classification and Examiner	ŏ	Miscellaneous		
		Skin	🔪 💿 Not selected 🔹 Normal 🔵 Abnormal	
502 Chest X-ray Examination Pregnancy declaration	0		Not selected Normal Abnormal	
Confirm identity	ŏ	Lymph nodes		
Attach X-ray image	ŏ			
Chest X-ray findings	0			
Review exam details	0			
Examiner Declaration	0			
603 Investigation on current state of tuberculosis	0			
607 Continued anti-tuberculos treatment	is 🔿			
712 Syphilis test (VDRL or RP)				
 712 Syphins test (VDRL of RF 713 Gonorrhea 	0			
 714 Hansen's Disease 	0			
719 TB screening test – TST	0			
or IGRA				
951 Vaccinations	0			
106 Mental Health report	0			
		Back Close Save		Next

501 Medical Examination: Classification and Examiner Declaration

Provide Classification

Please complete the 501 Medical Examination. If you have completed the exam and you are ready to provide the Classification, press the 'Prepare for Classification' buttor

	Please complete the 501 Medical Examination. If you	have completed the exam and you are ready to provide the Classification, press the 'Prepare for Classification'	are for classification
	Classification Class A Conditions Conorrhea, untreated (1A1) Gonorrhea, untreated (1A1) Hansen's Disease, untreated multibacillary or Any physical or mental disorder (excluding ad with harmful behavior or history of such behave Addiction or abuse of specific substance on th Class B Conditions Tuberculosis B1 TB, Pulmonary B1 TB, Extrapulmonary	diction or abuse of specific substance on the Controlled Substances Act but including other substance-related vior likely to recur (1A3) e Controlled Substances Act (1A4)	(? disorder)
	Anatomic site of disease	•	
	Treatment	* Not selected No Current Started but not finished Completed	
	B2 TB: LTBI evaluation		?
	LTBI treatment	* Not selected No Current Started but did not finish Completed	•
	Treated by Panel Physician	Not selected No Yes	
	LTBI regimen	Select an Option	
	Details	•	
	Treatment started	*	
	Treatment ended		
	B3 TB: Contact Evaluation		?
See Pre exam	Preventative treatment	 Not selected No Window prophylaxis 	
Health case details	Prophylaxis Regime	* Select an Option	
Confirm Identity	Details	•	
O All Exams	Treatment started	*	
All exams summary	Treatment ended		
Solution Current exams	Syphilis, treated within last year		
Confirm identity	Gonorrhea, treated within last year		
Past Medical History	Hansen's Disease		
Detailed questions	Treated multibacillary		
Review exam details			
Declaration Image: Construction Image: Solution Solution Image: Construction Solution	, any physical of montal desired (excluding da	diction or abuse of specific substance on the Controlled Substances Act but including other substance-related o navior unlikely to recur	aisorder)
Pregnancy declaration		of specific substance on the Controlled Substances Act	
Confirm identity	Class B Other		
Chest X-ray findings	Details	* Mandatory if ticked	
Review exam details O Examiner Declaration O			
603 Investigation on current state of tuberculosis	No apparent defect, disease or disability		
607 Continued anti-tuberculosis	If you wish to update the examination answers then pr	ess the 'Edit exam' button.	Edit exam
 712 Syphilis test (VDRL or RPR) 	Examiner declaration		
713 Gonorrhea		iouved all test results, and that the modical classification is somethin accordance with the Oriston for Discover	Control
 714 Hansen's Disease 719 TB screening test – TST 	and Prevention's Technical Instructions for panel		Control
or IGRA	I further attest that I have a current panel physicia		
 951 Vaccinations 106 Mental Health report 		<doctor's name=""> <today's date=""></today's></doctor's>	
	Back Close Save		Submit Exam

Provide Classification

Please complete the 501 Medical Examination. If you have completed the exam and you are ready to provide the Classification, press the 'Prepare for Classification' button

Prepare for classification

		Classification
		Class A Conditions
		Tuberculosis disease (1A1)
		Syphilis, untreated (1A1)
		Gonorrhea, untreated (1A1)
		Hansen's Disease, untreated multibacillary or paucibacillary (1A1)
		Any physical or mental disorder (excluding addiction or abuse of specific substance on the Controlled Substances Act but including other substance-related disorder)
📀 Pre exam	\checkmark	with harmful behavior or history of such behavior likely to recur (1A3)
Health case details	\checkmark	Addiction or abuse of specific substance on the Controlled Substances Act (1A4)
		Immigrant visa applicant refuses vaccinations (1A2)
Confirm Identity	\checkmark	Class B Conditions
Ill Exams		Tuberculosis
All exams summary		B1 TB, Pulmonary
Current exams 501 Medical Examination	Ŀ	□ B1 TB, Extrapulmonary
501 Medical Examination Confirm identity	$\overline{\diamond}$	B2 TB: LTBI evaluation
Past Medical History	$\overline{\diamond}$	B3 TB: Contact Evaluation
Basic questions	$\overline{\checkmark}$	
Detailed questions	\bigcirc	Syphilis, treated within last year
Review exam details Classification and Examiner	\checkmark	Gonorrhea, treated within last year Hansen's Disease
Declaration	Θ	
502 Chest X-ray Examination	\checkmark	Treated multibacillary
Pregnancy declaration Confirm identity	\bigotimes	Treated paucibacillary
Attach X-ray image	$\overline{\diamond}$	Any physical or mental disorder (excluding addiction or abuse of specific substance on the Controlled Substances Act but including other substance-related disorder)
Chest X-ray findings	$\overline{\diamond}$	without harmful behavior or history of such behavior unlikely to recur
Review exam details	\checkmark	Sustained, full remission of addiction or abuse of specific substance on the Controlled Substances Act
Examiner Declaration	\checkmark	Class B Other
106 Psychiatrist's report	\checkmark	No apparent defect, disease or disability
712 Syphilis test (VDRL or RPR		
713 Gonorrhea	\checkmark	If you wish to update the examination answers then press the 'Edit exam' button.
951 Vaccinations	\checkmark	
		Examiner declaration

- 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.

Completed by Date of declaration <Doctor's name> <Today's date>

Submit Exam

		502 Chest X-ray Examination: Pregnancy Declaration		
		Pregnancy, current	Not selected ONO	◯ Yes
		Estimated delivery date (mm-dd-yyyy)	25Jun2012	
		Does the client wish to proceed with the required X-ray examination(s)?	Not selected O No	◯ Yes
✓ Pre exam	\checkmark			
Health case details	\checkmark			
Health case details	V			
Confirm Identity	\checkmark			
	V			
Second Secon				
All exams summary				
Current exams				
S01 Medical Examination	0			
Confirm identity	0			
Past Medical History Basic questions	0			
Detailed questions	00			
Review exam details	ŏ			
Classification and Examiner	ŏ			
Declaration				
502 Chest X-ray Examination	0			
Pregnancy declaration Confirm identity	000			
Attach X-ray image	ŏ			
Chest X-ray findings	ŏ			
Review exam details	Õ			
Examiner Declaration	\bigcirc			
603 Investigation on current	0			
state of tuberculosis	0			
607 Continued anti-tuberculosis				
607 Continued anti-tuberculosis treatment	.0			
712 Syphilis test (VDRL or RPR	() ()			
713 Gonorrhea	0			
714 Hansen's Disease	0			
719 TB screening test – TST	0			
or IGRA				
951 Vaccinations	00			
106 Mental Health report	\cup			
		Back Close Save		Next
				Next

	502 Chest X-ray Examination	: Attach x-ray images				
	Attach x-ray images					
	Date of x-ray	*				
	Attachments					
	Link to existing				۱	Add new
	Delete Document type	Details	Attachment type	Sending method	File name	Edit
Pre exam	No documents have been attached	Detailo	Atalonnon type			Lun
 Health case details 						
Confirm Identity						
All Exams						
All exams summary						
Current exams						
S01 Medical Examination	0					
Confirm identity	0					
Past Medical History	\bigcirc					
Basic questions	0					
Detailed questions	0					
Review exam details Classification and Examiner	0					
502 Chest X-ray Examination	0					
Pregnancy declaration Confirm identity	0					
Attach X-ray images	0					
Chest X-ray findings	0					
Review exam details	ŏ					
Examiner Declaration	ŏ					
603 Investigation on current state of tuberculosis	0					
607 Continued anti-tuberculosi	is 🔿					
 treatment 	-					
712 Syphilis test (VDRL or RPI						
713 Gonorrhea	0					
714 Hansen's Disease	0					
719 TB screening test – TST or IGRA	0					
951 Vaccinations	0					
106 Mental Health report	0					
	Back Close Save					Next

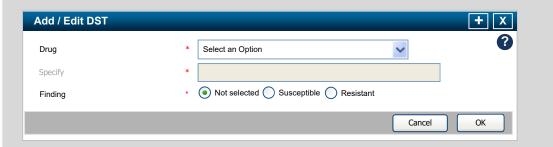
		502 Chest X-ray Examination: Findings			
		Record results			
			•		
		Exam date	·		
		Findings *	Not selected Normal Abnormal		
		Mark all that apply	Suggests Tuberculosis (will require Smears and Cultures)		
			Infiltrate or consolidation	Pleural effusion Discrete nodule(s) without calcif	fication
			Reticular markings suggestive of fibrosis	Hilar / mediastinal adenopathy	
📀 Pre exam	\checkmark		Cavitary lesion	Miliary findings	
Health case details	\sim		Nodule or mass with poorly defined margins (such as tuberculo	loma) Discrete linear opacity Dther	
	Ŭ				
Confirm Identity	\checkmark				
S All Exams			Smears and Cultures not required		
All exams summary				Smooth pleural thickening (if at CPA, must confirm is not effusion [do lateral or decubitus radiograph or ultra Diaphragmatic tenting	asound])
Ourrent exams			Musculoskeletal	Single or scattered calcified pulmonary nodule(s)	
501 Medical Examination	0			Calcified lymph node(s)	
Confirm identity Past Medical History	0				
Basic questions	ŏ	Remarks			
Detailed questions	Ō				~
Review exam details	0				
Classification and Examiner Declaration	0				
502 Chest X-ray Examination					
Pregnancy declaration Confirm identity	00				
Attach X-ray image	ŏ				
Chest X-ray findings	0				
Review exam details	0				
Examiner Declaration	0				
603 investigation on current state of tuberculosis	0				
S 607 Continued anti-tuberculari					
607 Continued anti-tuberculosis treatment					
712 Syphilis test (VDRL or RPF					
713 Gonorrhea	0				
714 Hansen's Disease	0				
719 TB screening test – TST or IGRA	0				
951 Vaccinations	0				
106 Mental Health report	0				
		Back Close Save			Next

		502 Chest X-ray Examination: Exa	miner Declaration		
		Prepare for Declaration	on		
		<variable according="" exam="" st<="" text="" th="" to=""><th>tatus></th><th></th><th></th></variable>	tatus>		
			[
		General supporting comments			
📀 Pre exam	\checkmark				
Health case details	$\overline{\diamond}$			Prepare for Declarati	ion
	Ŭ				
Confirm Identity	\checkmark	If you wish to undate the examination	on answers then press the 'Edit exam' button	Edit Exam	
S All Exams		If you wish to update the examination	on answers then press the Edit exam button		
All exams summary					
Current exams					
501 Medical Examination	0	Examiner declaration			
Confirm identity	0				
Past Medical History Basic questions	0	I declare that this chest x-ray example.	xamination report is a true and correct record of my findings		
Detailed questions	00	Completed by	<radiologist's name=""></radiologist's>		
Review exam details	ŏ	Date of declaration	<today's date=""></today's>		
Classification and Examiner Declaration	õ				
502 Chest X-ray Examination	0				
Pregnancy declaration	0				
Confirm identity	0				
Attach X-ray image Chest X-ray findings	00				
Review exam details	0				
Examiner Declaration	0				
603 Investigation on current	0				
state of tuberculosis	0				
607 Continued anti-tuberculosis treatment	5 O				
712 Syphilis test (VDRL or RPR	र) 🔿				
713 Gonorrhea	\circ				
714 Hansen's Disease	0				
719 TB screening test – TST or IGRA	0				
951 Vaccinations	0				
106 Mental Health report	0				
		Back Close Save		Submit Exa	m

603 Investigation on current state of tuberculos: Record results

	Confirm identity					
	Was the applicant's identity co	nfirmed?	 Not selected Y 	es 🔘 No		
	Record results Exam date Exam description		Investigation required -Results of 3 current so Mycobacterium tuberc	mears and cultures (sputum sample ulosis (plus drug susceptibility testin	arding tuberculosis. Please include the following information: es taken on 3 consecutive working mornings, or other appropriate spec ng (DST) if cultures are positive), an be submitted if images available are not digital,	imens as clinically indicated) and cultures for
	Sputum Smears and C Sputum Smear Laboratory Sputum Culture Laboratory Specimen obtained <dd mmm="" yyyy=""> <dd mmm="" yyyy=""></dd></dd>	ultures Test date <dd mmm="" yyyy=""> <dd mmm="" yyyy=""></dd></dd>		thology clinics>		
Service Se			Recording of Labor	ratory Tests is complete		
Health case details Confirm Identity All Exams All exams summary Current exams 501 Medical Examination Confirm identity	Clinical diagnosis of TB? Drug susceptibility tests Method of DST Date specimen obtained Date specimen reported Drug Susceptibility Test Labora			No		
Past Medical History O Basic questions O Detailed questions O Review exam details O	Drug Susceptibility Test Labora	atory	* <list associated="" of="" pat<="" th=""><th>thology clinics></th><th></th><th>0 +</th></list>	thology clinics>		0 +
Classification and Examiner	Drug		Finding			
🥪 502 Chest X-ray Examination ─ ◯	Isoniazid		<susceptible resistant=""></susceptible>			/ 1
Pregnancy declaration O Confirm identity O Attach X-ray image O Chest X-ray findings O	Molecular tests Used in addition?		 Not selected Y 	es 🔵 No		•
Review exam details Examiner Declaration	Molecular Test		Test For	Finding		
603 Investigation on current	Hain Line Probe Assay		Isoniazid resistance	<positive negative="">></positive>		/ 🗊
state of tuberculosis	Hain Line Probe Assay		Rifampin resistance	<positive negative="">></positive>		/ 1
 607 Continued anti-tuberculosis treatment 712 Syphilis test (VDRL or RPR) 	Second-Line Test performed?		* (Not selected Y	es 🔘 No		0
713 Gonorrhea 714 Hansen's Disease	Attachments					
 719 TB screening test – TST or IGRA 951 Vaccinations 106 Mental Health report 	General Supporting Comments					
	Back Close	Save				Next

Add / Edit Laboratory tests		
Test name	*	Select an Option
Specimen obtained		
Test result		Select an Option
Test Date		
Remarks		
		Cancel OK



Add / Edit Molecular	test	+ X
Molecular test	* Select an Option	
Other	*	
Test for	* Select an Option	
Finding	Not selected O Positive O Negative	
	C	ancel OK

		607 Continued anti-tube	erculosis treatme	nt: Rec	ord results							
		Confirm identity										
		Was the applicant's identity co	nfirmed?	* 🧿) Not selected 🔵 Yes	O No						
		Record results			11 100 11							
		Exam date		*								
		Exam Description		I	Positive sputum smears/cu	ltures or commenceme	ent of TB treatment advice n	oted with thanks. Await final repo	ort with repeat chest x	-ray upon completion of TB trea	itment.	
		Treatment										•
		Treatment	Medication	Start	End	Dose	Frequency Side	effects				
		<treatment></treatment>	<drug></drug>	dd Mmr	n yyyy dd Mmm yyyy	10mg	1x3/day					
		Treated at designated DOT sit	e?	-	Not selected O No							
		Post-treatment Clinical	diagnosis (for Rag		Recording of Treatment	is complete						
		Date radiograph obtained Findings suggestive of TB?			0Jun2017							
		Findings suggestive of TB?) Not selected 🔵 No	Yes						
		Findings present			Nodule(s) or mass with Does not suggest Tub Cardiac Musculoskeletal	n gestive of fibrosis poorly defined margins	Smooth pleural ti	ed calcified pulmonary nodule(s)	is not effusion [do later	Discrete nodule(s) witho Volume loss or retraction Irregular thick pleural rea Other other	n action	cation
		Remarks										~ ~
												~
		Interpreted by		<	Radiologist's name>							
✓ Pre exam	\checkmark	Date radiograph interpreted		* 2	3Jun2017							
Health case details	$\overline{\diamond}$				I declare that these are	a true and correct reco	ord of my findings					
		Sputum Smears and Cu	ultures									
Confirm Identity All Exams	\checkmark	Sputum Smear Laboratory		* <	ist of associated Patholog	y clinics>						
All exams summary		Sputum Culture Laboratory		* <	ist of associated Patholog	y clinics> 🗸						
Current exams		_	_	_		_	_				?	•
501 Medical Examination Confirm identity	0	Specimen obtained	Test date		name	Result		əmarks			•	<u></u>
Past Medical History	\bigcirc	<dd mmm="" yyyy=""></dd>	<dd mmm="" yyyy=""></dd>	Sputi	m Smear	Positive	-					Î
Basic questions Detailed questions	00	<dd mmm="" yyyy=""></dd>	<dd mmm="" yyyy=""></dd>	Cultu	e	Negative	Pa	ath lab closed			Ø	Ī
Review exam details	\bigcirc				Recording of Laboratory	Tests is complete						
Classification and Examiner Declaration	0	Clinical diagnosis of TB?		• 💿	Not selected O Yes	No						
502 Chest X-ray Examination Pregnancy declaration	0	Drug susceptibility tests	6									_
Confirm identity	0	Method of DST		* Se	lect an option	~						
Attach X-ray image Chest X-ray findings	00	Date specimen obtained		*								
Review exam details	0	Date specimen reported		*								
Examiner Declaration 603 Investigation on current state of tuberculosis	0	Drug Susceptibility Test Labora	itory	* <	ist of associated Patholog	y clinics>						_
607 Continued anti-tuberculosis	s 🔾										U) 🕂
 treatment 712 Syphilis test (VDRL or RPF 	R) ()	Drug		Resul								
713 Gonorrhea	0	Isoniazid		<susc< th=""><th>eptible / Resistant></th><th></th><th></th><th></th><th></th><th></th><th>Ø</th><th>Ī</th></susc<>	eptible / Resistant>						Ø	Ī
714 Hansen's Disease	0	Attackment										
719 TB screening test – TST or IGRA	0	Attachments										
951 Vaccinations106 Mental Health report	00	General Supporting Comments	5									^
		Back Close	Save								Ne	ext

	712 Syphilis test (VDRL or RPR): Rec	cord results
	Confirm identity	
	Was the applicant's identity confirmed?	* Not selected Yes No
	Record results	
	Exam date	• (1 m) (1 m
	Exam description	Syphilis testing and results are required
	Screening	
📀 Pre exam 🖌	Test name	
Health case details	Date specimen reported	
Confirm Identity	Syphilis test result	 Not selected O Non-reactive Reactive
O All Exams	Titer	*
All exams summary	Confirmatory	
Current exams	Test name	•
501 Medical Examination		
Confirm identity	Date specimen reported	* (1997) (197
Past Medical History	Repeat Syphilis test result	Not selected Non-reactive Reactive
Basic questions	Repeat Oyphills test result	
Detailed questions		
Review exam details O Classification and Examiner O Declaration	Clinical judgment on result Stage of Syphilis	O Not selected Treatment warranted Previous treatment, no new risk factors since treatment Select an Option
📀 502 Chest X-ray Examination 🔾	Stage of Syprims	Select an option
Pregnancy declaration	Applicant elects to undergo treatment?	* Not selected No Yes
Attach X-ray image	Treatment	🕜 🔶
Chest X-ray findings		
Review exam details	Treatment Medication	Start End Dose Frequency Side effects
Examiner Declaration	<treatment> <drug></drug></treatment>	dd Mmm yyyy dd Mmm yyyy 10mg 1x3/day
603 Investigation on current state of tuberculosis	By Panel Physician?	* Not selected No Yes
607 Continued anti-tuberculosis treatment		Recording of Treatment is complete
712 Syphilis test (VDRL or RPR)		
🕥 713 Gonorrhea 🛛 🔿	Attachments	
🕥 714 Hansen's Disease 🛛 🔿	Allaciments	
719 TB screening test – TST or IGRA		
951 Vaccinations	General Supporting Comments	
🕥 106 Mental Health report 🛛 🔿		
	Back Close Save	Next

		713 Gonorrhea: Re		
		713 Gonormea: Rec	cord results	
		Confirm identity	у	
		Was the applicant's ident	tity confirmed?	* Not selected Yes No
		Record results		
		Exam Date		* 20Jun2015
✓ Pre exam	\checkmark	Exam description		Record testing and treatment for Gonorrhea
Health case details	\checkmark			
		Was laboratory testing pe	erformed	* Not selected No Yes
Confirm Identity	\checkmark	Screening		
O All Exams		Date specimen reported		* I I I I I I I I I I I I I I I I I I I
All exams summary		Test name		•
Current exams 501 Medical Examination	0			Not selected Positive Negative
Confirm identity	0	Gonorrhea test result		O Not selected Positive Negative
Past Medical History Basic questions	0	Applicant elects to underg	go treatment?	* Not selected No Yes
Detailed questions	00	Treatment		
Review exam details	0	Treatment		•
Classification and Examiner Declaration	0	Treatment	Medication	Start End Dose Frequency Side effects
📀 502 Chest X-ray Examination		<treatment></treatment>	<drug></drug>	dd Mmm yyyy dd Mmm yyyy 10mg 1x3/day 🥒 🏢
Pregnancy declaration Confirm identity	00			Recording of Treatment is complete
Attach X-ray image	0			
Chest X-ray findings	0	Attachments		
Review exam details Examiner Declaration	00	Audonmento		
603 Investigation on current				
state of tuberculosis	0	General Supporting Comm	ients	
607 Continued anti-tuberculos to activent	s 🔿			
 treatment 712 Syphilis test (VDRL or RP 	2			
 713 Gonorrhea 	0			
714 Hansen's Disease	0			
	0			
719 TB screening test – TST an ICDA	0			
or IGRA				
or IGRA	000			
or IGRA 951 Vaccinations	0	Back Close	Save	Next

	_	714 Hansen's Disease: I	Record results						
		Confirm identity							?
		Was the applicant's identity confirmed?			Not selected	O Yes O No			
		Record results							2
		Exam Date		*	20Jun2015				U
✓ Pre exam		Exam description			Record diagnosis	and treatment for	Hansen's Disease		
Health case details	\checkmark	Initial Diagnosis							
Confirm Identity	\checkmark	Made by		*	Not selected	Panel Physicia	n 🔘 Non-panel physi	ician prior to current evaluation	
O All Exams		Year of diagnosis		*	2005				
All exams summary Current exams		Type of Hansen's disease		*	Not selected	O Multibacillary	O Paucibacillary		
501 Medical Examination Confirm identity	00	Treatment							
Past Medical History	0	Treatment		*	Not selected	O None	O Partial (≥7 days)	O Completed	
Basic questions	0	Treated by panel physician?		*	Not selected	No No	O Yes		
Detailed questions Review exam details	00	Referred for treatment?		*	Not selected	🔘 No	O Yes		
Classification and Examiner Declaration	ŏ	Referral facility		*					
502 Chest X-ray Examination									_
Pregnancy declaration Confirm identity	00								+
Attach X-ray image	0	Treatment	Medication	Start	End	Dose	Frequency	Side effects	~
Chest X-ray findings	0	<treatment></treatment>	<drug></drug>	dd Mmm yyyy	dd Mmm yyyy	10mg	1x3/day		/ 前
Review exam details Examiner Declaration	00	Attachments							
603 Investigation on current state of tuberculosis	0	Allaciments							
		General Supporting Comments							~
607 Continued anti-tuberculosis treatment	s O								
712 Syphilis test (VDRL or RPR									
713 Gonorrhea	0								
714 Hansen's Disease	0								
719 TB screening test – TST or IGRA	0								
951 Vaccinations	0								
106 Mental Health report	0								
		Back Close S	ave						Next

		719 TB screening test - TST or IGRA: R	lecord results			
		Confirm identity				(
		Was the applicant's identity confirmed?	Not selected Yes No			
		Record results				?
		Exam Date (date drawn/applied)	* 20Jun2015			_
		Exam description	Provide current results of tuberculin sk	in test (TST) or Interferon Gamma Release Assay (IGRA).		
Pre exam Health case details	 ✓ ✓ 	Type of exam conducted	Not selected O Tuberculin Skin	Test (TST) 🔘 Interferon Gamma Release Assay (IGRA)		
	•	Type of exam conducted				
Confirm Identity	\checkmark	Date of Reading	* 27Jun2015			
All Exams		Millimetres of induration	*			
II exams summary						
Current exams	~	Turpe of ICRA text	Select an Option			
501 Medical Examinatio Confirm identity	n ()	Type of IGRA test	Select an Option	×		
Past Medical History	Ő	Result	Not selected Negative Not selected Negative	ndeterminate, Borderline or Equivocal		
Basic questions	0		Wot selected () Negative ()			
Detailed questions	0	Provide details				
Review exam details Classification and Exam Declaration	iner					
S02 Chest X-ray Examin						
Pregnancy declaration	0	General supporting comments				•
Confirm identity Attach X-ray image	0					1
Chest X-ray findings	ŏ					
Review exam details	0	Attachments				
Examiner Declaration	0	Link to existing				Add new
603 Investigation on curr state of tuberculosis	ent O	Delete Document type	Details Attachment type	Sending method	File name	Edit
		No documents have been attached		Containing method	The fidilie	Edit
607 Continued anti-tuber treatment	culosis 🔿					
712 Syphilis test (VDRL of the section of the se	or RPR)					
713 Gonorrhea	0					
714 Hansen's Disease	0					
719 TB screening test - T or IGRA	rst 🔾					
951 Vaccinations	0					
106 Mental Health report	0					

		106 Mental Health report: Record results		
		Confirm identity		
		Was the applicant's identity confirmed?	* Not selected Yes No	
		Record results		
		Exam date	• (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	
		Exam description	Mental health questions must be answered by panel physician. If applicant is referred to a mental health specialist for further evaluation, panel physician must atta	ch report.
Service Pre exam	\checkmark	Any physical or mental disorder (excluding addiction or abuse of speci substance on the Controlled Substances Act, but including other	ific	
Health case details	\checkmark	substance on the controlled substances Act, but including other substance-related disorder)	* 🔘 Not selected 🔘 No 🛛 🔘 Yes	
		With harmful behavior present or likely to recur?	* Not selected No Yes	
Confirm Identity	\checkmark	Details of disorder	*	~
✓ All Exams				
All exams summary				
Ourrent exams		Without harmful behavior present and unlikely to recur?	* 🔘 Not selected 🔘 No 👘 Yes	
501 Medical Examination	0	Details of disorder	*	
Confirm identity	0			
Past Medical History	0			
Basic questions Detailed questions	00			
Review exam details	0	Addiction or abuse of specific substance on the Controlled Substances		
Classification and Examiner	ŏ	Act	* O Not selected O No O Yes	
Declaration		Current addiction or abuse?	Not selected No No Yes	
502 Chest X-ray Examination	0	Details of substances	*	~
Pregnancy declaration Confirm identity	00			
Attach X-ray image	0			
Chest X-ray findings	ŏ	Sustained, full remission?	* 🔘 Not selected 🔘 No 👘 Yes	
Review exam details	ŏ	Details of substances	*	
Examiner Declaration	0	Details of substances		
603 Investigation on current state of tuberculosis	0			
607 Continued anti-tuberculosis treatment	0	Attachments		
712 Syphilis test (VDRL or RPR))0			
713 Gonorrhea	Õ			
714 Hansen's Disease	Õ			
719 TB screening test – TST or IGRA	0	General Supporting Comments		~
951 Vaccinations	0			
106 Mental Health report	Õ			
				Nacit
		Back Close Save		Next

		951 Vaccination: F	Record results					
		Confirm identi						
		Was the applicant's ide	entity confirmed?	* Not selected Yes No 				
		Record result	S					
		Exam date		*				
		Exam Description		Applicant's full vaccination history is re	quired			
• Pre exam	\checkmark	Disease	Vaccine	Vaccination history	Administered by clinic	Immunity Positive History	Waiver reasons	
Health case details	 V 	<disease name=""></disease>	<vaccine name=""></vaccine>	dd Mmm yyyy	dd Mmm yyyy	dd Mmm yyyy Yes	Contra-indicated	abla 🖉 📋
Confirm Identity	<			dd Mmm yyyy dd Mmm yyyy dd Mmm yyyy	dd Mmm yyyy dd Mmm yyyy		Flu Vaccine not avail	able 🖉 🛄
All Exams		Vaccination D	ocumentation	,,,,,				
All exams summary								
Ourrent exams		Vaccination requiremen	its complete?	* Not selected No Ye	s			?
501 Medical Examination	0	Reason		* Select an Option			~	
Confirm identity	0			Refugee, follow to join Asylee/Refugee	e (V92/93) applicant not require	d to meet vaccination requirements		
Past Medical History Basic questions	0							
Detailed guestions	0			K-Visa applicant electing to not be vac	cinated at this examination			
Review exam details	ŏ			Other NIV applicant not required to me	eet vaccination requirements			
Classification and Examiner								
Declaration 502 Chest X-ray Examination	on ()			Immigrant Visa or Parolee applicant co	ompleted vaccination requireme	nts		
Pregnancy declaration				K Visa applicant voluntarily completed	vaccination requirements			
Confirm identity	ŏ			······				
Attach X-ray image	0	Contra-indications		Current Pregnancy				
Chest X-ray findings	0			Immune compromised				
Review exam details	0			History of severe allergic reaction t	o vaccine or vaccine componer	t		
Examiner Declaration	0			Other severe reaction to vaccine				
603 Investigation on current state of tuberculosis	0			Current moderate to severe illness				
				Other				
607 Continued anti-tubercule treatment	osis 🔿							
712 Syphilis test (VDRL or F		Other Contra-indicatio	n	*				
 713 Gonorrhea 	0							
714 Hansen's Disease	Ŏ	Remarks						<u>^</u>
719 TB screening test – TST or IGRA								
951 Vaccination	0	Attachments						
106 Mental Health report	0							
		Back Close	Save					Next

Add / Edit Vaccination	
Disease *	Diphtheria, Tetanus, Pertussis, Hib, Hepatitis B, Polio
Vaccine *	Hexavalent
Vaccination history (given elsewhere)	
Date(s) given	
Vaccination given by panel site	
Date(s) given	
Test for Immunity Positive	
Date	
History of disease	
Has the applicant had the disease? *	Not selected Yes No
Blanket waiver Waiver reason(s)	 Not age appropriate Insufficient time interval to complete series Contra-indicated Not routinely available Flu vaccine not available Known chronic hepatitis B virus infection
	Cancel OK