

**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. Why is this collection necessary and what are the legal statutes that allow this?*

This collection is necessary to document information pertinent to an applicant's eligibility for a visa or refugee status under the INA's medical grounds of inadmissibility at INA § 212(a)(1) by recording the results a medical examination required by INA § 221(d), 8 U.S.C. § 1201(d). INA § 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. Consular officers may require medical exams to determine whether an alien is eligible for a nonimmigrant visa pursuant to INA § 221(d), 8 U.S.C. § 1201(d). The results of the 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 INA § 212(a)(1), 8 U.S.C. § 1181(a)(1). Additionally, INA § 412(b)(4)(B), 8 U.S.C. § 1522(b)(4)(B), requires the United States government to "provide for the identification of refugees who have been determined to have medical conditions affecting the public health and requiring treatment."

*2. What business purpose is the information gathered going to be used for?*

The DS-2054 (Report of Medical Examination by Panel Physician), DS-3025 (Vaccination Documentation Worksheet), DS-3026 (Medical History and Physical Examination Worksheet), and DS-3030 (Tuberculosis Worksheet) are designed to provide pertinent information for, and record the results of, the medical examination required by INA § 221(d), 8 U.S.C. § 1201(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 for a U.S. visa. The information requested on the medical 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 § 212(a)(1), 8 U.S.C. § 1182.

3. *Is this collection able to be completed electronically (e.g. through a website or application)?*

The electronic medical examination form (DS-7794) was initiated in a pilot program in 2018 at three posts. The pilot program was followed by the rollout in six waves; the final wave rolled out on May 11, 2020. There is an ongoing transition period during which some cases are available for use with the DS-7794 and others still require the paper medical forms. In addition, K, diversity visa, and nonimmigrant visa, and follow-to-join refugees and asylum applicants are not currently adapted for use with the DS-7794 and therefore require use of the paper medical forms as well.

4. *Does this collection duplicate any other collection of information?*

The information collected by the forms is not duplicative of information maintained elsewhere or otherwise available.

5. *Describe any impacts on small business.*

The information collection does not involve small business or other small entities.

6. *What are the consequences if this collection is not done?*

This information collection is essential for determining the eligibility of aliens seeking immigrant or nonimmigrant visas to enter the United States, and aliens seeking to travel to the United States as a refugee. 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 necessary to determine the eligibility of the applicant.

7. *Are there any special collection circumstances?*

No special circumstances exist.

8. *Document publication (or intent to publish) a request for public comments in the Federal Register*

The Department published a notice in the *Federal Register* on July 07, 2020 (85 FR 40729) soliciting public comments for a 60-day period. The Department received one comment from the International Refugee Assistance Project (IRAP) posing several questions about the proposed information collection:

- IRAP commented that neither the Notice nor the associated Federal Register Dockets provide copies of the proposed information collection and requested the Department provide copies for their review.

Response: The Department has reached out to IRAP directly and provided them with copies of all proposed information collection instruments requested.

- IRAP inquired what information will be shared with CDC.

Response: The entire medical package (all forms that comprise the panel physician medical examination) for visa applicants identified by a panel physician as having a CLASS A or CLASS B Medicals is shared with CDC, in paper, or electronically. The only documentation related to the panel physician examination that is not shared with CDC is the X-ray results, which panel physicians provide directly to the applicants and are not a part of the visa package. None of the medical package for visa applicants who are not identified as having a CLASS A or CLASS B medical condition is systematically shared with CDC. On a case by case basis, information from the medical package could be shared with CDC if specific information is necessary for the administration or enforcement of U.S. law, consistent with section 222(f) of the INA.

- IRAP also asked whether the visa applicant would have access to the information collection about them.

Response: Neither consular officers nor panel physicians may provide copies of the completed Department of State medical forms to the applicants or other interested parties because they are visa records and confidential under INA 222(f), but panel physicians may share their own records in the form of lab reports and similar documentation with the applicant upon request.

- IRAP further commented that the Notice does not provide detailed information as to the duration for which the Department will retain the information collected.

Response: The information the Department proposes to collect would be subject to the record disposition schedule for visas, and would vary based on the factors discussed in the disposition schedule. The Department's record disposition schedules are available at: <https://foia.state.gov/Learn/RecordsDisposition.aspx>

#### *9. Are payments or gifts given to the respondents?*

No payment or gift is provided to respondents.

#### *10. Describe assurances of privacy/confidentiality*

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 § 212(a), 8 U.S.C. § 1182, in the case of refugees, as required under INA § 412(b)(4) and (5), 8 U.S.C. § 1522(b)(4) and (5). In accordance with INA § 222(f), 8 U.S.C. § 1202(f), information obtained from applicants in the visa process is considered

confidential and to be disclosed in certain circumstances enumerated in statute, including for use in the formulation, amendment, administration, or enforcement of the immigration, nationality, and other laws of the United States

*11. Are any questions of a sensitive nature asked?*

Yes, the medical forms collect health and medical information of a sensitive nature. The questions in these information collections are designed to solicit the medical information necessary to determine whether an applicant is eligible for a visa under § 212(a)(1) of the INA, 8 U.S.C. § 1182(a)(1). This information collection is also used to determine whether refugees have medical conditions affecting the public and require treatment under INA § 412(b)(4)(B), 8 U.S.C. § 1522(b)(4)(B).

*12. Describe the hour time burden and the hour cost burden on the respondent needed to complete this collection*

Approximately 110,412 aliens are subject to a medical examination worldwide with the required paper medical forms. This includes some 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 110,412 hours (110,412 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 \$24.98<sup>1</sup>, the weighted wage hour cost burden for this collection is approximately \$4,137,137.64 This is based on the calculation of \$24.98 (average hourly wage) x 1.5 (weighted wage multiplier) x 110,412 respondents = \$4,137,137.64.

*13. Describe the monetary burden to respondents (out of pocket costs) needed to complete this collection.*

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 (110,412), the estimated annual cost burden is \$49,685,400 (\$100 medical examination + \$350 vaccinations = \$450 cost burden to applicant, and \$450 x 110,412 applicants = \$49,685,400).

*14. Describe the cost incurred by the Federal Government to complete this collection.*

The Department estimates that the cost of this information collection to the Federal Government is, on average, approximately \$248,427 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 the 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 longer than one minute. Therefore, 1/60 hours x \$135 CoSM x 110,412 respondents = \$246, 427.

<sup>1</sup> Source: Data from the U.S. Bureau of Labor Statistics' May 2018 National Occupational Employment and Wage Estimates for all occupations ([https://www.bls.gov/oes/current/oes\\_nat.htm#00-0000](https://www.bls.gov/oes/current/oes_nat.htm#00-0000)). Retrieved January 13, 2020.

*15. Explain any changes/adjustments to this collection since the previous submission*

The Department will amend the name of the collection, to reflect that some nonimmigrant visa applicants are required to undergo 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 also make numerous revisions to each of the forms in this collection. The changes are as follows:

<b>Section</b>	<b>Current</b>	<b>Change</b>
<b>DS-2054</b>		
		Addition of field for Country of Nationality
		Addition of field for phone number
	Date Exam Expires (3 months if Class A TB, or Class B1 TB, otherwise 6 months)	Date Exam Expires (3 months if Class B0 or B1 TB, otherwise 6 months)
	Sputum Smear Laboratory	Sputum Collection Site
	Sputum Culture Laboratory	Sputum Smear and Culture Laboratory
Applicant Category, Immigrant Visa		Removal of Diversity category
Applicant Category, Refugee	Visa 93	Follow to join refugee
Applicant Category, Asylee	Visa 92	Follow to join asylee
Section 1, Class B conditions		Addition of B0 under Class B conditions

Section 2, Vaccination Documentation	Immigrant Visa applicant refuses vaccination	Immigrant Visa applicant refuses vaccination (Class A)
<b>DS-3025</b>		
Section 1, Vaccination Record	For Designated Refugees Only: Additional Vaccine Given by panel Site*	Refugee/V93 Only: Additional Vaccine Given by Panel Site
Section 1, Vaccination Record		Addition of box Refugee/V93 Declines
Section 1, Vaccination Record, Meningococcal	Boxes for MCV4 and Other MCV conjugate	Replaced with MenACWY Conjugate (specify brand in remarks)
Section 1, Vaccination Record		
Section 2, Vaccination Documentation	Immigrant Visa applicant requests individual Waiver based on religious or moral convictions	Immigrant Visa applicant requests individual Waiver based on religious or moral convictions (Class A)
Section 3, Panel Physician Name (printed)	I attest I performed this examination or supervised completion of this form and have an agreement with the Department of State.	I attest that I reviewed the vaccine history, ordered vaccinations, completed or supervised completion of this form, and have an agreement with the Department of State.
Blanket Waiver legend	C: Contraindicated	C* Contraindications (C1-C6), See below)
Blanket Waiver legend	D: Not routinely available	D: Not available in-country
<b>DS-3030</b>		
Section 1, Test for Cell-Mediated	See Tuberculosis Technical Instructions, when required, perform one type only,	See Tuberculosis Technical Instructions, when required, perform one type only, and attach results

Immunity to Tuberculosis		
Section 1, Test for Cell-Mediated Immunity to Tuberculosis		Changed order of tests performed: IGRA, QuantiFERON, T-Spot
Section 2, Chest X-Ray Indication		Removed TST fields and IGRA positive fields
		Removed capital letter from tuberculosis
		Addition of box for Extrapulmonary tuberculosis
Section 3, Chest X-Ray Findings	For radiologists to complete	For radiologists to complete all of Section 3
Section 4, Sputum Smears and Cultures Decisions	End of treatment cultures	End of treatment cultures Extrapulmonary TB
Section 5, Sputum Smears and Culture Decisions	Date specimen reported	Date smear result reported
	Date specimen reported	Date culture result reported
		Under date culture result reported: *Use most recent date as date of exam on DS-2054
	Applicants may have more than one TB Classification. However, they cannot be	Applicants can be both Class B1 and Class B3, or Class B2 and Class B3. However, other combinations of

Section 6, Tuberculosis Classification	classified as both Class B1 TB and Class B2 TB. In addition, applicants cannot be classified as Class B3 TB, Contact Evaluation if they are Class A or Class B1 TB, Extrapulmonary.	tuberculosis classifications are not permitted.
		Addition of Class B0:  Diagnosed with tuberculosis by the panel physician or presented to the panel physician while on tuberculosis treatment and successfully completed DGMQ-defined DOT
Section 7, History of Class A TB, Continued	Under Sputum Smear Results at Diagnosis:  Date specimen reported	Under Sputum Smear Results at Diagnosis:  Date result reported
	Under molecular test	
	Under Tuberculosis Treatment:  Designated DOT site	Under Tuberculosis Treatment:  Approved DOT site
	Under Tuberculosis Treatment:  Non-designated DOT site	Under Tuberculosis Treatment:  Unapproved TB Treatment Site
<b>DS-3026</b>		
Header		
Section 1, Medical History	Under Obstetrics:  Pregnancy, current	Under Obstetrics:  On the day of exam
		Addition of:  Under Other:  Food or drug allergies, specify
Section 4, Vital		Removal of BMI

Signs and Vision		Addition of two decimal places for weight
	BP	BP (age 15 and up)
	Visual acuity at 6 meters	Visual acuity at 6 meters (age 4 and up):
	Spaces for corrected vision results and uncorrected vision results	One space for vision results. Check boxes for corrected and uncorrected
Section 5, Physical Examination	Skin	Exposed skin
	Lungs	Lungs (auscultation)
		Move position of fundal height (if applicable) under abdomen line
Section 6, Mental Health		Addition of No mental health classification
		Addition of more lines to describe disorders and substances
Section 7, Syphilis Laboratory Results and Treatment		Changed text and boxes to be consistent with Sections 8 and 9
		Changed format of table of benzathine treatment
Section 8, Gonorrhea Laboratory Results and Treatment	Date specimen reported	Date result reported
Section 9, Diagnosis and Treatment for Hansen's Disease		Changed format of the table and added test name, data reported, and result

16. Specify if the data gathered by this collection will be published.

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 2019. The link to the website is: <https://travel.state.gov/content/travel/en/legal/visa-law0/visa-statistics.html>.

*17. If applicable, explain the reason(s) for seeking approval to not display the OMB expiration date.*

The Department will display the expiration date for OMB approval of the information collection.

*18. Explain any exceptions to the OMB certification statement below.*

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.