

Pre exam: Health case details

Panel Physician Report on Medical Examination and Vaccination Record

OMB Control Number <OMB Control number>  
 Form Number DS-7794  
 Expiration Date 09/30/2020  
 Estimated Burden 60 minutes

Client personal details

Surnames <Family name>  
 Given names <Given name(s)>  
 Sex <Gender>  
 Birth date <Dd Mmm yyyy>  
 Birthplace (Country) <Country (DEPT)>  
 Birthplace (City) \*   
 Prior Country of Residence \*   
 Country of Nationality \*

Client identity details

Document type Original Passport  
 Document Number <number>  
 Issuing Country <country (ICAO)>  
 Date of issue <Dd Mmm yyyy>  
 Date of expiry <Dd Mmm yyyy>  
 Source

Other Identifiers

Identifier type	Identifier value
Case ID	456789456
CEAC barcode	8978335

Client visa details

Applicant Category NIV - Non-Immigrant Visa

Client declaration

\* I declare that NAME (or their parent/guardian) has read and understands the information provided by the U.S. Department of State regarding eMedical and has agreed to his/her medical information being submitted electronically to the Department, with this consent to be recorded by this clinic in eMedical.

<User name>

<Today's date (dd Mmm yyyy)>

Name of parent/guardian

Relationship to the client

[View client declaration](#)

Contact Channels

Delete	Contact Channel	Contact details	Primary	Comments	Edit
	eMail (Personal)	applicant@gmail.com	Yes	-	
	Address (Home)	Somewhere, Else, ACT, AUSTRALIA	Yes	-	
	Address (Intended)	298 West 33rd Street, New York, NY 10001, USA	No	-	

Paperwork Reduction Act statement

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

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 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.

- Pre exam ✔
- Health case details ✔
- Confirm Identity ✔
- All Exams ○
- All exams summary ○
- Current exams ○
- 501 Medical Examination ○
- Confirm identity ○
- Past Medical History ○
- Basic questions ○
- Detailed questions ○
- Review exam details ○
- Classification and Examiner Declaration ○
- 502 Chest X-ray Examination ○
- Pregnancy declaration ○
- Confirm identity ○
- Attach X-ray image ○
- Chest X-ray findings ○
- Review exam details ○
- Examiner Declaration ○
- 603 Respiratory Specialist investigation on current state of tuberculosis ○
- 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 ○

501 Medical Examination: Past medical history

Answer 'No' to all

Record Medical History (Past or present)

**General**  
Illness or injury requiring hospitalization (including psychiatric)

Not selected  No  Yes

**Cardiology**

Hypertension  
Congestive heart failure or coronary artery disease  
Arrhythmia  
Rheumatic heart disease  
Congenital heart disease

Not selected  No  Yes  
 Not selected  No  Yes  
 Not selected  No  Yes  
 Not selected  No  Yes  
 Not selected  No  Yes

**Pulmonology**

Current Tobacco use  
Former Tobacco use  
Asthma  
Chronic obstructive pulmonary disease

Not selected  No  Yes  
 Not selected  No  Yes  
 Not selected  No  Yes  
 Not selected  No  Yes

**History of Tuberculosis**

Diagnosed (mm-yyyy) Treatment Treatment completed (mm-yyyy)

- Select an option -  Add

Not selected  No  Yes

Anatomic site of disease

Treatment

Not selected  No  Current  Started but not finished  Completed

Fever  
Cough  
Night sweats  
Weight loss  
Signs or symptoms of TB

Not selected  No  Yes  
 Not selected  No  Yes  
 Not selected  No  Yes  
 Not selected  No  Yes  
 Not selected  No  Yes

Recent contact with known TB case

Not selected  No  Yes

Contact's Name  
Contact's case or Alien number, if known  
Applicant's relationship to Contact  
Provide details  
Date contact ended  
Type of source case TB

Select an Option  
  
20Jun2015  
Select an Option

**Psychiatry**

Psychological/Psychiatric Disorder (including major depression, bipolar disorder or schizophrenia)

Not selected  No  Yes

Major impairment in learning, intelligence, self-care, memory or communication  
Use of substances other than those required for medical reasons

Not selected  No  Yes  
 Not selected  No  Yes

Substance use or substance induced disorders of substances on the Controlled Substances Act (CSA)

Not selected  No  Yes

Referral made to mental health specialist

Not selected  No  Yes

Any physical or mental disorder (excluding addiction or abuse of specific substance on the Controlled Substances Act, but including other substance-related disorder)

Not selected  No  Yes

Class A, with harmful behaviour

Not selected  No  Yes

List disorder(s)

Class B, without harmful behaviour

Not selected  No  Yes

List disorder(s)

Addiction or abuse of specific substance on the Controlled Substances Act

Not selected  No  Yes

Class A

Not selected  No  Yes

List substance(s)

Class B, in remission

Not selected  No  Yes

List substance(s)

- Pre exam
- Health case details
- Confirm Identity
- All Exams
- All exams summary
- Current exams
- 501 Medical Examination
- Confirm identity
- Past Medical History
- Basic questions
- Detailed questions
- Review exam details
- Classification and Examiner Declaration
- 502 Chest X-ray Examination
- Pregnancy declaration
- Confirm identity
- Attach X-ray image
- Chest X-ray findings
- Review exam details
- Examiner Declaration
- 603 Respiratory Specialist investigation on current state of tuberculosis
- 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

501 Medical Examination: Past medical history

Substance use or substance induced disorders of substances not on the CSA (including alcohol)  
Ever caused serious injury to others, caused major property damage or had trouble with the law because of medical condition, mental disorder, or influence of alcohol or drugs  
Ever had thoughts of harming yourself  
Ever acted on those thoughts  
Ever had thoughts of harming others  
Ever acted on those thoughts

Neurology

History of stroke  
Seizure disorder

Obstetrics

Pregnant, on the day of exam?  
Estimated Delivery Date  
LMP  
Fundal Height (in cm)  
Normal / Abnormal

Previous live births:  
Birth dates:

Sexually Transmitted Diseases

Syphilis

Previous treatment for Syphilis

Treatment	Medication	Start	End	Dose	Frequency	Side effects
<Treatment>	<Drug>	dd Mmm yyyy	dd Mmm yyyy	10mg	1x3/day	

Gonorrhea

Previous treatment for Gonorrhea

Treatment	Medication	Start	End	Dose	Frequency	Side effects
<Treatment>	<Drug>	dd Mmm yyyy	dd Mmm yyyy	10mg	1x3/day	

Endocrinology

Diabetes  
Thyroid disease

Hematologic/Lymphatic

Anemia  
Sickle Cell Disease  
Thalassemia  
Other hemoglobinopathy

Hansen's Disease

Hansen's Disease history

Diagnosed (mm yyyy)  
Treatment completed (mm yyyy)

Initial Diagnosis  
Test name  
Date result reported  
Test Result  
Made by  
Year of diagnosis  
Type of Hansen's disease  
Treatment  
Treated by panel physician?  
Referred for treatment?  
Referral facility

Treatment	Medication	Start	End	Dose	Frequency	Side effects
<Treatment>	<Drug>	dd Mmm yyyy	dd Mmm yyyy	10mg	1x3/day	

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)

Food or drug allergies  
Specify

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

- Pre exam
- Health case details
- Confirm Identity
- All Exams
- All exams summary
- Current exams
- 501 Medical Examination
- Confirm identity
- Past medical history
- Basic questions
- Detailed questions
- Review exam details
- Classification and Examiner Declaration
- 502 Chest X-ray Examination
- Pregnancy declaration
- Confirm identity
- Attach X-ray image
- Chest X-ray findings
- Review exam details
- Examiner Declaration
- 603 Respiratory Specialist investigation on current state of tuberculosis
- 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

501 Medical Examination: Basic questions

Basic Questions

Exam date

Height and Weight

Height

In centimeters

Weight

In kilograms

BMI

Blood Pressure

Initial blood pressure

Systolic

Diastolic

Pulse

Vital signs

Temperature

In °C

Respiratory rate

/ min

Eyes

Visual acuity testing  Not selected  Uncorrected  Corrected  No (applicant under 4)

Left eye:

Right eye:

- Pre exam  Health case details  Confirm Identity
- All Exams  All exams summary  Current exams  501 Medical Examination  Confirm identity  Past Medical History  Basic questions  Detailed questions  Review exam details  Classification and Examiner Declaration  502 Chest X-ray Examination  Pregnancy declaration  Confirm identity  Attach X-ray image  Chest X-ray findings  Review exam details  Examiner Declaration
- 603 Respiratory Specialist investigation on current state of tuberculosis
- 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

## 501 Medical Examination: Detailed questions

Answer 'Normal' to all

### 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, murmur, rub)

\*  Not selected  Normal  Abnormal

Provide details

\*

Lungs (auscultation)

\*  Not selected  Normal  Abnormal

Nervous system: Sequelae of stroke or cerebral palsy, other neurological disabilities

\*  Not selected  Normal  Abnormal

Abdomen (including liver, spleen)

\*  Not selected  Normal  Abnormal

Musculoskeletal system (including gait)

\*  Not selected  Normal  Abnormal

Extremities (including pulses, edema)

\*  Not selected  Normal  Abnormal

Hematologic

\*  Not selected  Normal  Abnormal

### Brain and cognition

Mental status (including mood, intelligence, perception, thought processes, and behaviour during examination)

\*  Not selected  Normal  Abnormal

### Eyes, ears, nose, throat and mouth

Eyes

\*  Not selected  Normal  Abnormal

Nose, mouth and throat (include dental)

\*  Not selected  Normal  Abnormal

Hearing and ears

\*  Not selected  Normal  Abnormal

### Miscellaneous

Exposed Skin

\*  Not selected  Normal  Abnormal

Lymph nodes

\*  Not selected  Normal  Abnormal

Remarks

- Pre exam
- Health case details
- Confirm Identity
- All Exams
- All exams summary
- Current exams
- 501 Medical Examination
- Confirm identity
- Past Medical History
- Basic questions
- Detailed questions
- Review exam details
- Classification and Examiner Declaration
- 502 Chest X-ray Examination
- Pregnancy declaration
- Confirm identity
- Attach X-ray image
- Chest X-ray findings
- Review exam details
- Examiner Declaration
- 603 Respiratory Specialist investigation on current state of tuberculosis
- 607 Continued anti-tuberculosis treatment
- 712 Syphilis test (VDRL or RPR)
- 713 Gonorrhoea
- 714 Hansen's Disease
- 719 TB screening test – TST or IGRA
- 951 Vaccinations
- 106 Mental Health report

Back

Close

Save

Next

### 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) with harmful behavior or history of such behavior likely to recur (1A3)
- Addiction or abuse of specific substance on the Controlled Substances Act (1A4)
- Immigrant visa applicant refuses vaccinations (1A2)

#### Class B Conditions

##### Tuberculosis

- B0 TB, Pulmonary
- B1 TB, Pulmonary
- B1 TB, Extrapulmonary

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 \*

Details \*

Treatment started \*

Treatment ended

##### B3 TB: Contact Evaluation

Preventative treatment \*  Not selected  No  Window prophylaxis

Prophylaxis Regime \*

Details \*

Treatment started \*

Treatment ended

- Syphilis, treated within last year
- Gonorrhea, treated within last year

##### Hansen's Disease

- Treated multibacillary
- Treated paucibacillary

- Any physical or mental disorder (excluding addiction or abuse of specific substance on the Controlled Substances Act but including other substance-related disorder) without harmful behavior or history of such behavior unlikely to recur
- Sustained, full remission of addiction or abuse of specific substance on the Controlled Substances Act

#### Class B Other

Details \*

#### No apparent defect, disease or disability

### Remarks

General supporting comments

If you wish to update the examination answers then press the 'Edit exam' button.

Edit exam

### 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 <Doctor's name>  
Date of declaration <Today's date>

Back Close Save

Submit Exam

- Pre exam ✔
  - Health case details ✔
  - Confirm Identity ✔
- All Exams
  - All exams summary
  - Current exams
    - 501 Medical Examination
      - Confirm identity
      - Past Medical History
      - Basic questions
      - Detailed questions
      - Review exam details
      - Classification and Examiner Declaration
    - 502 Chest X-ray Examination
      - Pregnancy declaration
      - Confirm identity
      - Attach X-ray image
      - Chest X-ray findings
      - Review exam details
      - Examiner Declaration
    - 603 Respiratory Specialist investigation on current state of tuberculosis
    - 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

## 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*) with harmful behavior or history of such behavior likely to recur (1A3)
- Addiction or abuse of specific substance on the Controlled Substances Act (1A4)
- Immigrant visa applicant refuses vaccinations (1A2)

**Class B Conditions**

~~Tuberculosis~~

B0 TB, Pulmonary

B1 TB, Pulmonary

B1 TB, Extrapulmonary

B2 TB: LTBI evaluation

B3 TB: Contact Evaluation

Syphilis, treated within last year

Gonorrhea, treated within last year

Hansen's Disease

Treated multibacillary

Treated paucibacillary

Any physical or mental disorder (*excluding addiction or abuse of specific substance on the Controlled Substances Act but including other substance-related disorder*) without harmful behavior or history of such behavior unlikely to recur

Sustained, full remission of addiction or abuse of specific substance on the Controlled Substances Act

**Class B Other**

**No apparent defect, disease or disability**

## Remarks

General supporting comments

If you wish to update the examination answers then press the "Edit exam" button.

Edit exam

## 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** <Doctor's name>

**Date of declaration** <Today's date>

Submit Exam


- Pre exam**
  - Health case details
  - Confirm Identity
- All Exams**
  - All exams summary
  - Current exams
    - 501 Medical Examination
    - Confirm identity
    - Past Medical History
    - Basic questions
    - Detailed questions
    - Review exam details
    - Classification and Examiner Declaration
  - 502 Chest X-ray Examination
    - Pregnancy declaration
    - Confirm identity
    - Attach X-ray image
    - Chest X-ray findings
    - Review exam details
    - Examiner Declaration
  - 106 Psychiatrist's report
  - 712 Syphilis test (VDRL or RPR)
  - 713 Gonorrhea
  - 951 Vaccinations

## 502 Chest X-ray Examination: Pregnancy Declaration

Pregnancy, current

Not selected  No  Yes


Estimated delivery date (mm-dd-yyyy)

25Jun2012 

Does the client wish to proceed with the required X-ray examination(s)?

Not selected  No  Yes

### Pre exam

Health case details 

Confirm Identity 

### All Exams

All exams summary

Current exams

501 Medical Examination

Confirm identity

Past Medical History

Basic questions

Detailed questions

Review exam details

Classification and Examiner Declaration

502 Chest X-ray Examination

Pregnancy declaration

Confirm identity

Attach X-ray image

Chest X-ray findings

Review exam details

Examiner Declaration

603 Respiratory Specialist investigation on current state of tuberculosis

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

Back

Close

Save

Next



## 502 Chest X-ray Examination: Attach x-ray images

### Attach x-ray images

Date of x-ray

\*



### Attachments

[Link to existing](#)



[Add new](#)



Delete	Document type	Details	Attachment type	Sending method	File name	Edit
No documents have been attached						

#### Pre exam

Health case details

Confirm Identity

#### All Exams

All exams summary

Current exams

501 Medical Examination

Confirm identity

Past Medical History

Basic questions

Detailed questions

Review exam details

Classification and Examiner Declaration

502 Chest X-ray Examination

Pregnancy declaration

Confirm identity

Attach X-ray images

Chest X-ray findings

Review exam details

Examiner Declaration

603 Respiratory Specialist investigation on current state of tuberculosis

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

[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*)

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Infiltrate or consolidation                                      | <input type="checkbox"/> Pleural effusion               | <input type="checkbox"/> Discrete nodule(s) without calcification |
| <input type="checkbox"/> Reticular markings suggestive of fibrosis                        | <input type="checkbox"/> Hilar / mediastinal adenopathy | <input type="checkbox"/> Volume loss or retraction                |
| <input type="checkbox"/> Cavitory lesion  | <input type="checkbox"/> Miliary findings               | <input type="checkbox"/> Irregular thick pleural reaction         |
| <input type="checkbox"/> Nodule or mass with poorly defined margins (such as tuberculoma) | <input type="checkbox"/> Discrete linear opacity        | <input type="checkbox"/> Other                                    |

#### Smears and Cultures not required

- |  |   |
|--|---|
| <input type="checkbox"/> Cardiac         | <input type="checkbox"/> Smooth pleural thickening (if at CPA, must confirm is not effusion [do lateral or decubitus radiograph or ultrasound]) |
| <input type="checkbox"/> Musculoskeletal | <input type="checkbox"/> Diaphragmatic tenting  |
| <input type="checkbox"/> Other           | <input type="checkbox"/> Single or scattered calcified pulmonary nodule(s)  |
|  | <input type="checkbox"/> Calcified lymph node(s)  |

Remarks

- Pre exam** 
  - Health case details
  - Confirm Identity
- All Exams**
  - All exams summary
  - Current exams
    - 501 Medical Examination
    - Confirm identity
    - Past Medical History
    - Basic questions
    - Detailed questions
    - Review exam details
    - Classification and Examiner Declaration
    - 502 Chest X-ray Examination 
      - Pregnancy declaration
      - Confirm identity
      - Attach X-ray image
      - Chest X-ray findings
      - Review exam details
      - Examiner Declaration
    - 603 Respiratory Specialist investigation on current state of tuberculosis
    - 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

Back

Close

Save

Next

## 502 Chest X-ray Examination: Examiner Declaration

### Prepare for Declaration

<variable text according to exam status>

General supporting comments

Prepare for Declaration

Edit Exam

If you wish to update the examination answers then press the 'Edit exam' button

### Examiner declaration

I declare that this chest x-ray examination report is a true and correct record of my findings

**Completed by**

<Radiologist's name>

**Date of declaration**

<Today's date>

- ✓ **Pre exam** ✓
  - Health case details ✓
  - Confirm Identity ✓
- ✓ **All Exams**
  - All exams summary
    - Current exams
      - 501 Medical Examination ○
        - Confirm identity ○
        - Past Medical History ○
        - Basic questions ○
        - Detailed questions ○
        - Review exam details ○
        - Classification and Examiner Declaration ○
      - 502 Chest X-ray Examination ○
        - Pregnancy declaration ○
        - Confirm identity ○
        - Attach X-ray image ○
        - Chest X-ray findings ○
        - Review exam details ○
        - Examiner Declaration ○
    - 603 Respiratory Specialist investigation on current state of tuberculosis ○
    - 607 Continued anti-tuberculosis treatment ○
    - 712 Syphilis test (VDRL or RPR) ○
    - 713 Gonorrhoea ○
    - 714 Hansen's Disease ○
    - 719 TB screening test – TST or IGRA ○
    - 951 Vaccinations ○
    - 106 Mental Health report ○

Back

Close

Save

Submit Exam

- Pre exam**
  - Health case details
  - Confirm Identity
- All Exams**
  - All exams summary
  - Current exams
    - 501 Medical Examination
      - Confirm identity
      - Past Medical History
      - Basic questions
      - Detailed questions
      - Review exam details
      - Classification and Examiner Declaration
    - 502 Chest X-ray Examination
      - Pregnancy declaration
      - Confirm identity
      - Attach X-ray image
      - Chest X-ray findings
      - Review exam details
      - Examiner Declaration
  - 603 Respiratory Specialist investigation on current state of tuberculosis
  - 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

**603 Respiratory Specialist investigation on current state of tuberculosis: Record results**

### Record results

Exam date \*

Exam description \* Investigation required to determine the current status regarding tuberculosis. Please include the following information:  
 -Results of 3 current smears and cultures (sputum samples taken on 3 consecutive working mornings, or other appropriate specimens as clinically indicated) and cultures for Mycobacterium tuberculosis (plus drug susceptibility testing (DST) if cultures are positive),  
 -Old chest x-rays for comparison (if available). Reports can be submitted if images available are not digital,  
 -Any previous reports regarding any treatment of tuberculosis.

#### Sputum Smears and Cultures

Sputum Smear Laboratory \*

Sputum Culture Laboratory \*

Specimen obtained	Test date	Test name	Result	Remarks	✎	🗑
<dd Mmm yyyy>	<dd Mmm yyyy>	Sputum Smear	Positive	-	✎	🗑
<dd Mmm yyyy>	<dd Mmm yyyy>	Culture	Negative	Path lab closed	✎	🗑

Recording of Laboratory Tests is complete

Clinical diagnosis of TB? \*  Not selected  Yes  No

#### Drug susceptibility tests

Method of DST \*

Date specimen obtained \*

Date specimen reported \*

Drug Susceptibility Test Laboratory \*

Drug	Finding	✎	🗑
Isoniazid	<Susceptible / Resistant>	✎	🗑

#### Molecular tests

Used in addition? \*  Not selected  Yes  No

Molecular Test	Mycobacterium Tuberculosis	Rifampin resistance	Isoniazid resistance	✎	🗑
Hain Line Probe Assay	<Positive / Negative / Not tested>	<Positive / Negative / Not tested>	<Positive / Negative / Not tested>	✎	🗑
GeneXpert	<Positive / Negative / Not tested>	<Positive / Negative / Not tested>	<Positive / Negative / Not tested>	✎	🗑

#### Attachments

General Supporting Comments

Back
Close
Save
Next

**Add / Edit Molecular test** + X

Molecular test \*  ▼

Other \*

Mycobacterium Tuberculosis \*  Not selected  Positive  Negative  Not tested

Rifampin Resistance \*  Not selected  Positive  Negative  Not tested

Isoniazid Resistance \*  Not selected  Positive  Negative  Not tested

607 Continued tuberculosis treatment: Record results

Record results

Exam date

Exam Description Positive sputum smears/cultures or commencement of TB treatment advice noted with thanks. Await final report with repeat chest x-ray upon completion of TB treatment.

Treatment

Treatment	Medication	Start	End	Dose	Frequency	Side effects
<Treatment>	<Drug>	dd Mmm yyyy	dd Mmm yyyy	10mg	1x3/day	

Treated at approved DOT site?  Not selected  No  Yes  
 Recording of Treatment is complete

Post-treatment Clinical diagnosis (for Radiologist to complete)

Date radiograph obtained  20Jun2017

Findings suggestive of TB?  Not selected  No  Yes

Findings present

**Suggests Tuberculosis**

Infiltrate or consolidation  Pleural effusion  Discrete nodule(s) without calcification  
 Reticular markings suggestive of fibrosis  Hilar / mediastinal adenopathy  Volume loss or retraction  
 Cavitory lesion  Miliary findings  Irregular thick pleural reaction  
 Nodule(s) or mass with poorly defined margins (such as tuberculoma)  Discrete linear opacity  Other

**Does not suggest Tuberculosis**

Cardiac  Smooth pleural thickening (if at CPA, must confirm is not effusion [do lateral or decubitus radiograph or ultrasound])  
 Musculoskeletal  Diaphragmatic tenting  
 Other  Single or scattered calcified pulmonary nodule(s)  
 Calcified lymph node(s)

Remarks

Interpreted by <Radiologist's name>

Date radiograph interpreted  23Jun2017

I declare that these are a true and correct record of my findings

Sputum Smears and Cultures

Sputum Smear Laboratory  <List of associated Pathology clinics>

Sputum Culture Laboratory  <List of associated Pathology clinics>

Date Specimen obtained	Specimen Report date	Test name	Result	Remarks
<dd Mmm yyyy>	<dd Mmm yyyy>	Sputum Smear	Positive	-
<dd Mmm yyyy>	<dd Mmm yyyy>	Culture	Negative	Path lab closed

Recording of Laboratory Tests is complete

Clinical diagnosis of TB?  Not selected  Yes  No

Drug susceptibility tests

Method of DST  Select an option

Date specimen obtained

Date specimen reported

Drug Susceptibility Test Laboratory  <List of associated Pathology clinics>

Required for first-line DST

Isoniazid  Not selected  Susceptible  Resistant

Rifampin  Not selected  Susceptible  Resistant

Ethambutol  Not selected  Susceptible  Resistant

Pyrazinamide  Not selected  Susceptible  Resistant

Required for multidrug-resistant cases

Ethionamide  Not selected  Susceptible  Resistant

Capreomycin  Not selected  Susceptible  Resistant

Amikacin  Not selected  Susceptible  Resistant

Para-aminosalicylic acid (PAS)  Not selected  Susceptible  Resistant

Fluoroquinolone  Not selected  Susceptible  Resistant

Specify

Susceptibility to other drugs

Other drug 1

Finding 1  Not selected  Susceptible  Resistant

Other drug 2

Finding 2  Not selected  Susceptible  Resistant

Other drug 3

Finding 3  Not selected  Susceptible  Resistant

Other drug 4

Finding 4  Not selected  Susceptible  Resistant

Other drug 5

Finding 5  Not selected  Susceptible  Resistant

Attachments

General Supporting Comments

- Pre exam
- Health case details
- Confirm Identity
- All Exams
- All exams summary
- Current exams
- 501 Medical Examination
- Confirm identity
- Past Medical History
- Basic questions
- Detailed questions
- Review exam details
- Classification and Examiner Declaration
- 502 Chest X-ray Examination
- Pregnancy declaration
- Confirm identity
- Attach X-ray image
- Chest X-ray findings
- Review exam details
- Examiner Declaration
- 603 Respiratory Specialist investigation on current state of tuberculosis
- 607 Continued 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

- Pre exam** ✔
- Health case details ✔
- Confirm Identity ✔
- All Exams**
- All exams summary
- Current exams
- 501 Medical Examination
- Confirm identity
- Past Medical History
- Basic questions
- Detailed questions
- Review exam details
- Classification and Examiner Declaration
- 502 Chest X-ray Examination
- Pregnancy declaration
- Confirm identity
- Attach X-ray image
- Chest X-ray findings
- Review exam details
- Examiner Declaration
- 603 Respiratory Specialist investigation on current state of tuberculosis
- 607 Continued anti-tuberculosis treatment
- 712 Syphilis test (VDRL or RPR)
- 713 Gonorrhoea
- 714 Hansen's Disease
- 719 TB screening test – TST or IGRA
- 951 Vaccinations
- 106 Mental Health report

## 712 Syphilis test (VDRL or RPR): Record results


### Record results

Exam date \*  


Exam description Syphilis testing and results are required

### Screening

Test name \*


Date specimen reported \*  

Syphilis test result \*  Not selected  Non-reactive  Reactive


Titer \*  

### Confirmatory


Test name \*

Date specimen reported \*  

Repeat Syphilis test result \*  Not selected  Non-reactive  Reactive



Repeat Titer \*  

Clinical judgment on result \*  Not selected  Treatment warranted  Previous treatment, no new risk factors since treatment

Stage of Syphilis \*  

Applicant elects to undergo treatment? \*  Not selected  No  Yes

### Treatment

Treatment	Medication	Start	End	Dose	Frequency	Side effects
<Treatment>	<Drug>	dd Mmm yyyy	dd Mmm yyyy	10mg	1x3/day	 

By Panel Physician? \*  Not selected  No  Yes

Recording of Treatment is complete

### Attachments

General Supporting Comments

- Pre exam** ✔
- Health case details ✔
- Confirm Identity ✔
- All Exams**
- All exams summary
- Current exams
- 501 Medical Examination ○
- Confirm identity ○
- Past Medical History ○
- Basic questions ○
- Detailed questions ○
- Review exam details ○
- Classification and Examiner Declaration ○
- 502 Chest X-ray Examination ○
- Pregnancy declaration ○
- Confirm identity ○
- Attach X-ray image ○
- Chest X-ray findings ○
- Review exam details ○
- Examiner Declaration ○
- 603 Respiratory Specialist investigation on current state of tuberculosis ○
- 607 Continued anti-tuberculosis treatment ○
- 712 Syphilis test (VDRL or RPR) ○
- 713 Gonorrhoea** ○
- 714 Hansen's Disease ○
- 719 TB screening test – TST or IGRA ○
- 951 Vaccinations ○
- 106 Mental Health report ○

## 713 Gonorrhoea: Record results

### Record results

Exam Date \*

Exam description Record testing and treatment for Gonorrhoea

Was laboratory testing performed \*  Not selected  No  Yes

Screening

Date specimen reported \*

Test name \*

Gonorrhoea test result \*  Not selected  Positive  Negative

Applicant elects to undergo treatment? \*  Not selected  No  Yes

### Treatment

Treatment	Medication	Start	End	Dose	Frequency	Side effects
<Treatment>	<Drug>	dd Mmm yyyy	dd Mmm yyyy	10mg	1x3/day	

Recording of Treatment is complete

### Attachments

General Supporting Comments



714 Hansen's Disease: Record results

Record results



Exam Date \* 20Jun2015

Exam description Record diagnosis and treatment for Hansen's Disease

Initial Diagnosis

Test name \* [Text Input]

Date result reported \* 20Jun2015

Test Result \*  Not selected  Positive  Negative

Made by \*  Not selected  Panel Physician  Non-panel physician prior to current evaluation

Year of diagnosis \* 2005

Type of Hansen's disease \*  Not selected  Multibacillary  Paucibacillary

Treatment

Treatment \*  Not selected  None  Partial ( ≥7 days)  Completed

Treated by panel physician? \*  Not selected  No  Yes

Referred for treatment? \*  Not selected  No  Yes

Referral facility \* [Text Input]

Treatment	Medication	Start	End	Dose	Frequency	Side effects
<Treatment>	<Drug>	dd Mmm yyyy	dd Mmm yyyy	10mg	1x3/day	




Attachments

General Supporting Comments [Text Area]

- Pre exam ✔
  - Health case details ✔
  - Confirm Identity ✔
- All Exams
  - All exams summary
  - Current exams
    - 501 Medical Examination
    - Confirm identity
    - Past Medical History
    - Basic questions
    - Detailed questions
    - Review exam details
    - Classification and Examiner Declaration
  - 502 Chest X-ray Examination 
    - Pregnancy declaration
    - Confirm identity
    - Attach X-ray image
    - Chest X-ray findings
    - Review exam details
    - Examiner Declaration
  - 603 Respiratory Specialist investigation on current state of tuberculosis
  - 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


719 TB screening test - TST or IGRA: Record results

Record results


Exam Date (date drawn/applied) \* 20Jun2015 

Exam description Provide current results of tuberculin skin test (TST) or Interferon Gamma Release Assay (IGRA).

Type of exam conducted \*  Not selected  Tuberculin Skin Test (TST)  Interferon Gamma Release Assay (IGRA)

Date of Reading \* 27Jun2015 

Millimetres of induration \*

Type of IGRA test \* Select an Option 

Result \*  Not selected  Negative  Indeterminate, Borderline or Equivocal  Positive

QuantiFERON (optimal density value [IU/ml] for each)

Nil \*

TB antigen 1 \*

TB antigen 2 \*

Mitogen \*

T-Spot (Spot count for each)

Nil Control \*

Panel A \*

Panel B \*

General supporting comments

Attachments

Delete	Document type	Details	Attachment type	Sending method	File name	Edit
No documents have been attached						

- Pre exam 
  - Health case details
  - Confirm Identity
- All Exams
  - All exams summary
  - Current exams
    - 501 Medical Examination 
      - Confirm identity
      - Past Medical History
      - Basic questions
      - Detailed questions
      - Review exam details
      - Classification and Examiner Declaration
    - 502 Chest X-ray Examination 
      - Pregnancy declaration
      - Confirm identity
      - Attach X-ray image
      - Chest X-ray findings
      - Review exam details
      - Examiner Declaration
    - 603 Respiratory Specialist investigation on current state of tuberculosis
    - 607 Continued anti-tuberculosis treatment
    - 712 Syphilis test (VDRL or RPR)
    - 713 Gonorrhoea
    - 714 Hansen's Disease
    - 719 TB screening test - TST or IGRA
    - 951 Vaccinations
    - 106 Mental Health report



## 951 Vaccination: Record results

### Record results

Exam date \*  

Exam Description Applicant's full vaccination history is required



Disease	Vaccine	Vaccination history	Administered by clinic	Immunity Positive	History	Waiver reasons
<Disease name>	<Vaccine name>	dd Mmm yyyy dd Mmm yyyy dd Mmm yyyy dd Mmm yyyy	dd Mmm yyyy dd Mmm yyyy dd Mmm yyyy	dd Mmm yyyy	Yes	Contra-indicated Flu Vaccine not available  

### Vaccination Documentation

Vaccination requirements complete? \*  Not selected  No  Yes ?

Reason

\* Select an Option 

Refugee, follow to join Asylee/Refugee (V92/93) applicant not required to meet vaccination requirements

K-Visa applicant electing to not be vaccinated at this examination

Other NIV applicant not required to meet vaccination requirements

Immigrant Visa or Parolee applicant completed vaccination requirements

K Visa applicant voluntarily completed vaccination requirements

Contra-indications

- Current Pregnancy
- Immune compromised
- History of severe allergic reaction to vaccine or vaccine component
- Other severe reaction to vaccine
- Current moderate to severe illness
- Other

Other Contra-indication

\*

Remarks

### Attachments

Back

Close

Save

Next

- Pre exam ✔
  - Health case details ✔
  - Confirm Identity ✔
- All Exams
  - All exams summary
  - Current exams
    - 501 Medical Examination ○
      - Confirm identity ○
      - Past Medical History ○
      - Basic questions ○
      - Detailed questions ○
      - Review exam details ○
      - Classification and Examiner Declaration ○
    - 502 Chest X-ray Examination ○
      - Pregnancy declaration ○
      - Confirm identity ○
      - Attach X-ray image ○
      - Chest X-ray findings ○
      - Review exam details ○
      - Examiner Declaration ○
    - 603 Respiratory Specialist investigation on current state of tuberculosis ○
    - 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 Vaccination ○
    - 106 Mental Health report ○

## 106 Mental Health report: Record results

### Record results

Exam date

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 attach report.**

Any physical or mental disorder (excluding addiction or abuse of specific substance on the Controlled Substances Act, but including other substance-related disorder) \*

Not selected  No  Yes

Class A, with harmful behaviour \*

Not selected  No  Yes

List disorder(s) \*

Class B, without harmful behaviour \*

Not selected  No  Yes

List disorder(s) \*

Addiction or abuse of specific substance on the Controlled Substances Act \*

Not selected  No  Yes

Current addiction or abuse?

Not selected  No  Yes

Details of substances \*

Sustained, full remission? \*

Not selected  No  Yes

Details of substances \*

### Attachments

General Supporting Comments

Back

Close

Save

Next

- Pre exam
- Health case details
- Confirm Identity
- All Exams
- All exams summary
- Current exams
- 501 Medical Examination
- Confirm identity
- Past Medical History
- Basic questions
- Detailed questions
- Review exam details
- Classification and Examiner Declaration
- 502 Chest X-ray Examination
- Pregnancy declaration
- Confirm identity
- Attach X-ray image
- Chest X-ray findings
- Review exam details
- Examiner Declaration
- 603 Respiratory Specialist investigation on current state of tuberculosis
- 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