

SUPPORTING STATEMENT FOR PAPERWORK REDUCTION ACT SUBMISSION

Medical Examination for Visa or Immigration Benefit

OMB Number 1405-0113

***DS-3026,
DS-3030,
DS-3025,
and DS-2054***

A. JUSTIFICATION

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

Forms in this collection record the medical information necessary to determine whether an alien seeking entry to the United States has a medical or other condition affecting his or her eligibility for a visa or immigration benefit. Forms are completed by panel physicians on behalf of visa applicants; refugees; refugees and asylees (including “following-to-join”); and certain parolees. The information requested includes the result of any diagnostic tests required for the diagnosis of diseases identified as communicable and of public health significance, as well as other evaluations identified as necessary to confirm a medical or other ineligibility under the Immigration and Nationality Act (INA) at INA § 212, 8 U.S.C. § 1182.

Pursuant to INA § 221(d), 8 U.S.C. § 1201(d), prior to issuance of an immigrant visa to any alien, a consular officer shall require such alien to submit to a physical and mental examination in accordance with such regulations as may be prescribed. Prior to the issuance of a nonimmigrant visa to any alien, the consular officer may require such alien to submit to a physical and/or mental examination, if such examination is deemed necessary to ascertain whether such alien is eligible to receive a visa.

Additionally, INA § 207 and INA § 208, 8 U.S.C. §§ 1157 and 1158, require medical screening of follow-to-join refugee and asylum applicants. INA § 412(b)(4)(B), 8 U.S.C. § 1522(b)(4)(B), further 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.”

Under INA § 212(d)(5) [8 U.S.C. § 1182(d)(5)], the Secretary of Homeland Security may use discretion to temporarily parole aliens into the United States for urgent humanitarian reasons or significant public benefit. Consular officers

aid the Department of Homeland Security (DHS) in carrying out this function on a case-by-case basis by issuing boarding foils to these aliens after they receive an authorization memo from USCIS and complete required processing steps, which may include medical examinations. Some aliens paroled or seeking parole into the United States not issued a boarding foil are also required to undergo a medical examination under DHS and Secretary of Health and Human Services (HHS) authority to prevent the introduction, transmission, and spread of communicable diseases into the United States (42 U.S.C. § 264). The scope of the information required in the medical examination of an alien is defined at 42 CFR Part 34.

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 record the results of the medical examination required by INA § 221(d), 8 U.S.C. § 1201(d).

A panel physician designated by the consular post performs the medical examination of the applicant and completes the forms in accordance with the technical instructions issued by the Centers for Disease Control (CDC). The business purpose of the forms is to allow panel physicians to complete the requirements for medical examination and communicate results to the Department of State (“Department”).

The results determine whether a foreign national has a medical condition that renders the individual ineligible to receive the immigration benefit sought 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.

Nonimmigrant visa applicants are not subject to the vaccine requirements in INA § 212(a)(1)(A)(ii); however, applicants for the K nonimmigrant visas are strongly encouraged to complete all required vaccines before traveling to the United States. The vaccine worksheet is used to record the complete vaccine history for all aliens subject to medical examinations. This helps ensure that an alien has the proper vaccines, should the alien seek adjustment of status, and has a complete vaccine record for subsequent use after the individual is admitted to the United States.

The Department uses the data obtained from the forms to adjudicate applications for visas and other immigration benefits. CDC retains the information to match against U.S. arrival records and notify alien-receiving states when further health-related follow-up is necessary to protect Americans from disease. This process ensures newly arrived persons entering the United States do not pose a public health threat.

The information collected is retained in the Department's systems. It is also provided to the CDC and DHS. 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 visa to enter the United States.

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

This collection is an exclusively paper form collection, with limited ability to be completed entirely online. Physicians may choose to use a PDF reader to fill the forms electronically, but they must print the forms and either provide them to the applicant in a sealed envelope or send them to the embassy or consulate via courier.

Form DS-7794 (OMB Control Number 1405-0230) is the online equivalent of the DS-3025, DS-3026, DS-3030, and DS-2054. The two collections maintain separate OMB control numbers. There are two reasons why both information collections must be maintained. Due to technical constraints, some individuals are not able to use the electronic system, and the panel physician must use the paper form. Additionally, in the event the electronic system should experience a prolonged outage or otherwise become unavailable for use, the Department may authorize panel physicians to utilize and submit the paper based medical forms.

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

This information collection requests identical information as the DS-7794 information collection. However, no individual should be required to submit both collections.

Panel physicians only need to complete either the four paper medical forms, or the DS-7794 e-form. The CDC will issue guidance to physicians on which information collection instrument is necessary for a given applicant-type, and the Department will process the medical information accordingly.

5. *Does this collection impact small business?*

This collection does not impact U.S. small businesses.

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

The Department is statutorily obligated to assess the medical condition of aliens seeking entry to the United States, including visa, refugee, asylum, and certain parole applicants. These obligations extend to nonimmigrant visa applicants when a consular officer requests a medical examination to ascertain eligibility to receive a visa as outlined in INA § 221(d), 8 U.S.C. § 1201(d). Failure to complete this information collection would leave the Department unable to comply with federal law.

The CDC does not have a separate information collection that would allow for the screening of aliens seeking to enter the United States. There is an information sharing agreement between CDC and the Department governing access to medical information received through this information collection. Aliens entering the United States without first submitting to a medical exam, including applicants for nonimmigrant visas who, in the opinion of the consular officer require such exam pursuant to INA § 221(d), 8 U.S.C. § 1201(d), would result in a higher risk of transmission of communicable disease, which in turn leads to potentially fatal disease outbreaks in U.S. communities.

It is not possible to collect the information less frequently since up to date (i.e. confirmed less than 6 months prior) medical information is necessary to determine an alien's health status and eligibility for an immigrant visa or benefit.

7. *Are there any special collection circumstances?*

No. There are no special collection circumstances associated with this collection.

8. *Did the Department solicit public comments on the collection?*

The Department published a notice in the Federal Register soliciting public comments for a period of 60 days on April 17, 2025 ([90 FR 16420](#))

The Department received three responsive comments during the 60-day notice and comment period. Below is a list of key concerns raised in comments as well as the Department's response.

- ***Applicant Medical Information Access Rights:*** *Reclassifying the respondent as the panel physician must not inadvertently curtail an individual's ability to obtain and review his or her own medical examination records.*
 - Reclassification of the respondent does not change the designation of those completed DS medical forms upon which the results of the exam are recorded as visa records, which are confidential under INA 222(f) and generally may not be shared with the applicant. Panel physicians remain permitted to share their own records in the form of lab reports and similar documentation with the applicant upon request.
- ***Accessibility and Appeals:*** *"Applicants must have access to their exam results and an accessible, standardized appeals process if they believe findings are inaccurate or discriminatory."*
 - Applicants may request the underlying test results and medical information from the panel physician.
 - If an applicant wishes to present additional information to attempt to overcome a refusal of an immigrant visa application, he or she may do so consistent with 22 CFR 42.81(e).
 - Applicants who wish to overcome a medical ineligibility must file Form I-601 or I-602 (for refugees). These waiver forms are submitted to DHS on an individual basis. After submission and upon DHS request, CDC may review the waiver requests and supporting medical examination to provide an opinion regarding the case.
- ***HIV Status Information:*** *"The DS-2054 series must be updated to reflect that HIV is no longer a ground of inadmissibility and cannot be used as a basis for denial, delay, or stigma."*
 - While the proposed DS-2054 does not contain an HIV status field, the Department acknowledges the proposed DS-3026 does contain an HIV blood test field and the DS-3030 contains a field to mark a known HIV infection.
 - All panel physicians are required to abide by CDC Technical Instructions, which provide that HIV testing is recommended for individuals with signs or symptoms of HIV infection but NOT required.

- o The Department defers to CDC expertise in matters related to protecting American public health, and the CDC has requested the HIV fields remain on the Department's medical forms.
- o HIV is not only an important risk factor for tuberculosis; the largest cause of death among individuals with HIV infection is tuberculosis. The CDC Technical Instructions therefore require additional tuberculosis testing for individuals who disclose that they have HIV. For this reason, there are a few fields that refer to HIV. The Technical Instructions make clear that HIV is not an inadmissible condition (https://www.cdc.gov/immigrant-refugee-health/hcp/panel-physicians/index.html#cdc_generic_section_3-technical-instructions), and panel physicians are not screening applicants for HIV.
- **Privacy Protection:** *“The Department must explicitly define how medical data is protected, limit disclosure to DHS and CDC only as necessary, and prohibit long-term storage or secondary use without applicant consent.”*
 - o An alien's decision to apply for the privilege of entry to the United States is voluntary, and furnishing medical information as part of that application process is also voluntary.
 - o Visa records, including Personal Health Information (PHI), are protected in accordance with INA Section 222(f). Consistent with Section 222(f), information may be provided to other federal agencies who need the information to administer or enforce U.S. laws and protect homeland security.
 - o An applicant for a U.S. visa or immigration benefit who subjects him- or herself to medical examination agrees to the disclosure of this PHI in accordance with federal law. Individuals who fail to disclose requested medical information may experience processing delays and be denied a U.S. visa or immigration benefit.
 - o The Department of State's record disposition schedule notes that visa records are retained by the Department temporarily, and longer retention is authorized if required for business use. The applicant consents to record retention when he or she chooses to apply for a U.S. visa or immigration benefit.
- **Panel Physician Bias and Medical Requirements:** *“The Department must ensure panel physicians are trained in trauma-informed, culturally competent care and prohibit discriminatory screening practices based on*

socioeconomic status, English language competency, race, gender identity, HIV status, or disability.”

- The Department defers to CDC with respect to panel physician qualifications and medical examination requirements. Though designated by local U.S. embassies or consulates, panel physicians are medically trained and licensed doctors who must abide by standards and technical instructions issued by the CDC. Consular sections, in collaboration with the Visa Office and CDC, may decide to terminate an agreement with a panel physician if the physician fails to abide by these standards and instructions.
- ***Financial Burden to Alien Applicants:*** *“The Department should cap the costs of medical examinations, publish fee ranges, and ensure medical examinations remain affordable, especially for refugee and asylum applicants.”*
 - Respondents to this information collection are panel physicians. The Paperwork Reduction Act requires agencies to estimate burden figures for the respondents to an information collection. Although subjected to the medical examination, alien applicants are not respondents as they do not complete these forms. As such, burden figures associated with out-of-pocket costs to alien applicants fall outside the scope of this Notice.
 - The Department further notes that refugees are not responsible for medical examination fees, which are covered as part of the refugee admittance process.

9. Are payments or gifts given to the respondents?

No. The federal government generally does not provide payments or gifts to respondents. Responding panel physicians are generally compensated by the aliens who must subject themselves to the required medical examination, with limited exceptions. Fees are agreed to in writing as part of a panel physician agreement.

10. Is any assurance of privacy/confidentiality provided to respondents?

The form includes a confidentiality statement as assurance of privacy and confidentiality. The applicant is informed that, in accordance with INA section 222(f), 8 U.S.C. § 1202(f), information obtained from respondents in the application process is considered confidential and is to be used only for the

formulation, amendment, administration, or enforcement of the immigration, nationality, and other laws of the United States. The statement further notes that, at the discretion of the Secretary of State, 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.

11. Are any questions of a sensitive nature asked?

Yes, the medical forms contain questions and fields which collect sensitive health and medical information. The questions in this information collection are 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), among other grounds of ineligibility.

The sensitive questions are also necessary to determine whether refugees have medical conditions affecting the public and requiring treatment under INA § 412(b)(4)(B), 8 U.S.C. § 1522(b)(4)(B).

Additionally, the questions are needed to determine whether an alien can legally be issued a boarding foil for the purpose of parole, consistent with DHS policy under INA § 212(d)(5), 8 U.S.C. 1182(d)(5).

Aliens will be advised that the sensitive information collected from the medical examination may be accessible to other U.S. government agencies with statutory or lawful authority to use such information, including for law enforcement and immigration enforcement purposes.

12. What is the hour time burden and the hour cost burden on the respondent needed to complete this collection?

The Department estimates that approximately 696,000 aliens will be required to undergo a medical examination to receive an immigrant visa or immigration benefit each year. An exam is valid for up to six months, after which, an individual may need to submit to a second exam. However, most aliens seeking to enter the United States will only be required to undergo a single examination.

Of those 696,000 medical examinations, we anticipate approximately 146,000 will be completed using this paper visa medical information collection. This estimate is derived by aggregating the most recent annual data for the categories of individuals who have historically been required to submit paper medical forms: parolees (12,000), asylees and refugees (14,000), K-visa applicants (60,000), and diversity visa recipients (60,000). In the unlikely event eMedical

becomes unavailable, the actual number of individuals who use this paper information collection will be much higher. The Department will submit updated burden estimates to OMB should that become the case.

There are approximately 800 panel physicians who are authorized to conduct these exams and complete the form to provide the Department with the results. We estimate each medical examination takes approximately one hour to complete, which includes the amount of time a physician spends documenting the results on the forms.

If each panel physician were to take an equal number of cases that require use of the paper form, the average annual hour time burden would be equal to an estimated 182.5 hours (146,000 cases / 800 physicians * 1 hour) for each individual respondent.

The hour cost burden (“time is money” calculation) per respondent would be \$20,987.50 (182.5 hours * \$115 median U.S. hourly wage for physicians), though it is important to note that physicians are, in fact, paid by the applicant for the time they spend on the medical forms. The total hour cost burden for all respondents is: \$16,790,000 (146,000 total burden hours * \$115 median physician wage).

The table below breaks down the burden numbers by form.

Form Number	Time burden per response	Estimated Annual Responses	Total Annual burden hours	Total annual Hour Cost Burden (@ \$115/hour)
DS-2054	10 minutes	146,000	24,333	\$2,798,295
DS-3025	20 minutes	146,000	48,667	\$5,596,705
DS-3026	15 minutes	146,000	36,500	\$4,197,500
DS-3030	15 minutes	146,000	36,500	\$4,197,500
Totals	1 hour	146,000*	146,000	\$16,790,000

* Physicians are required to submit all paper forms together as a single packet, so we do not aggregate here.

13. What is the monetary burden to respondents (out of pocket costs) needed to complete this collection?

Respondents are panel physicians. Real monetary costs associated with examinations are considered “customary and usual business practices,” and these costs are not included when calculating PRA. Respondents are paid all the costs associated with conducting and communicating the results of the medical exam by those who are seeking a visa or immigration benefit. Therefore, the respondent out-of-pocket monetary burden is \$0.

14. What are the costs incurred by the Federal Government to complete this collection?

There is no cost to the Federal Government associated with this collection. Costs associated with reviewing medical information as part of an application are accounted for in the corresponding visa application (e.g. DS-160, DS-260).

15. Are there any changes/adjustments to this collection since the previous submission?

The Department is using program discretion to adjust the burdens associated with this collection. Previous iterations of this information collection request erroneously considered aliens seeking entry to the United States to be the respondents to this information collection. However, this is an inaccurate reflection of actual respondent burden, as the aliens do not fill out the forms. Only a panel physician is authorized to complete this information collection.

Because the respondents to this collection are exclusively panel physicians, the reported number of respondents drops from 110,412 (previous number of applicants requiring medical examination using these forms) to 800 (the approximate number of currently authorized panel physicians). The “Obligation to Respond” also becomes “Mandatory” with this adjustment, because completing the forms is required as part of the panel physician’s performance of the required medical examination.

The annual hour burden per respondent becomes approximately 182.5 hours with the adjustment. The corresponding cost burden per response also increases, as the average hourly wage for a family medicine physician is significantly higher (\$115) than the average wage for all occupations (\$31). The figures are derived from the U.S. Bureau of Labor Statistics *2024 National Occupational Employment and Wage Estimates*, and the Department acknowledges the average wage used in our estimate is much higher than real wages earned in most foreign states for equivalent work.

The Department will also be renaming the title of this information collection to better reflect its business purpose. The new collection title is: “Medical Examination for Visa or Immigration Benefit.”

16. Will any data gathered by this collection be published?

No. The data gathered by this collection will not be published.

17. Will the OMB expiration date be displayed?

Yes. The Department will display the OMB expiration date on the collection.

18. Are any exceptions to the OMB certification statement being sought?

No. The Department is not seeking exceptions to the certification statement.

B. COLLECTION OF INFORMATION EMPLOYING STATISTICAL METHODS

This collection does not employ statistical methods.