

Inbox

Inbox









Pre-exam (28) In progress (13) Awaiting grading (1) Returned (1) Show all (43)

Filter by <None> ▼ Apply filter



ID	Applicant name	Date of birth	Document Number	Visa	Type	Appt.	Visit date	501	502	707	708	712	716	Other	Country	Action
○ AA00034E9Q_6	DUIE, KDID	04 Sep 2012	123	Immigrant Visa (excludes diversity)	-	-	26 Mar 2025	🟢	○	⊖	⊖	🟢	⊖	🟢	🇺🇸	View Appt.
○ AA00034E9Q_7	DUIE, KDID	04 Sep 2012	123	Immigrant Visa (excludes diversity)	-	-	-	○	⊖	⊖	⊖	⊖	⊖	🟢	🇺🇸	View Appt.
○ USA1740965078694_2	JHLCCGIELJFFEDF, Ceklghbrmfmgjnje	13 Jan 1990	acifhjcccc	Immigrant Visa (excludes diversity)	-	-	-	○	○	⊖	⊖	⊖	⊖	🟢	🇺🇸	View Appt.
○ P000015783	JAKE, Rade	01 Dec 2000	784056220	Parolee (SMO)	-	-	03 Mar 2025	○	○	⊖	⊖	⊖	⊖	🟢	🇺🇸	View Appt.
○ AA00034EAA_0	DFDF, DCEFE	09 Mar 2012	-	Immigrant Visa (excludes diversity)	-	-	06 Mar 2025	○	⊖	⊖	⊖	⊖	⊖	🟢	🇺🇸	View Appt.
○ AA00034E9Q_12	DUIE, KDID	04 Sep 2012	123	Immigrant Visa (excludes diversity)	-	-	-	○	⊖	⊖	⊖	⊖	⊖	🟢	🇺🇸	View Appt.
○ USA1736290012145_1	ADHFLGLEJGBMKJG, Oedkcblmfajejdo	13 Dec 1979	hfhfeifeih	Adoptee	-	-	06 Mar 2025	🟢	🟢	⊖	⊖	⊖	⊖	🟢	🇺🇸	View Appt.
○ USA1736466170742_2	TEST, Client	13 Dec 1979	gbafbhjaag	Immigrant Visa (excludes diversity)	-	-	01 Feb 2025	○	🟢	⊖	⊖	⊖	⊖	🟢	🇺🇸	View Appt.
○ P000016434	XCVXZCV, Zxcvcxv	12 Dec 2022	568923562	Afghan Parolee	-	-	03 Mar 2025	○	○	⊖	⊖	⊖	⊖	🟢	🇺🇸	View Appt.
○ USA1736290010398_2	HNHBACJOMIIHDF, Onfabedokhcamfg	13 Dec 1979	gfdebcjfee	Adoptee	-	-	-	🟢	🟢	⊖	⊖	⊖	⊖	🟢	🇺🇸	View Appt.

1 - 10 of 13 results Page 1

Not Required	Required	Set Aside	On Hold	Incomplete	Complete	Awaiting Grading	Finalized-incomplete	Finalized	Reused	Expired
										

Pre-exam: lookup



[Security details](#) [My account](#) [Logout](#)

Mrs Deb MYERS

ARMS TX

[English](#) [Français](#) [US English](#)

[Clinic inbox](#) [Case search](#) [Administration ▼](#) [eMedical Support](#) [Contact us](#)

Case search

Search

☐ Using Health Case Identifier ☒ Using Client Details

Using Client Details

Identity document number


*

Family name

*

Given name(s)

Date of birth




Applicant category

*

[Set as my default screen](#)

Pre-exam – Manual Entry



[Security details](#) [My account](#) [Logout](#)
Mrs Deb MYERS
ARMS TX
US English

[Clinic inbox](#) [Case search](#) [Administration](#) [eMedical Support](#) [Contact us](#)

Create case

Applicant personal details

Family name

testdeletee

Given name(s)

Sex

Select an Option

Date of birth

Country of Birth

Select an Option

City of Birth

Prior Country of Residence

Select an Option

Country of Nationality

Select an Option

Identity document details

Identity document presented

Select an Option

Number/ID

223456789

Issuing country

Select an Option

Date of issue

Date of expiry

Applicant category

Applicant category

Afghan Parolee

Other Identifiers

Band ID number

USCIS Online Account Number

Other identifier

Pre-exam – Health case Details

Health Case: AA00034E9Q_6

DUIE, KDID
FEMALE, 04 Sep 2012

Pre exam

Health case details

Manage Photo

Confirm identity

All Exams

All exams summary

Current exams

501 Medical Examination

502 Chest X-Ray Examination

712 Syphilis test (VDRL or RPR)

713 Gonorrhea

714 Hansen's Disease

719 TB screening test – IGRA or TST

951 Vaccinations

951 Vaccinations

106 Mental health report

603 Investigation on current state of tuberculosis

607 Continued anti-tuberculosis treatment

106 Mental health report

Health Case Status

COMPLETE

Pre exam

Pre exam: Health case details

Panel Physician Report on Medical Examination and Vaccination Record

OMB Control Number1405-0230

Form NumberDS-7794

Expiration Date31 Dec 2025

Estimated Burden60 minutes

Applicant personal details

Family nameDUIE

Given name(s)KDID

SexFEMALE

Date of birth04 Sep 2012

Country of birthAUSTRALIA

City of birthKabul

Prior Country of ResidenceAFGHANISTAN

Country of NationalitySelect an Option

Applicant identity details

Identity document presentedOriginal Passport

Identity Document Number123

Issuing countryAFGHANISTAN

Date of issue

Date of expiry04 Feb 2030

SourceClinic

Other Identifiers

Identifier type	Identifier value
CEAC Barcode	AA00034E9Q
Case Number	KBL2025551004

Applicant visa details

Applicant CategoryImmigrant Visa (excludes diversity)

Applicant Declaration

☒ I declare that KDID DUIE (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.
Changing the value or selection of this component will cause all of your changes to be saved immediately.
Mr E Six DOCTOR
06 Mar 2025

Name of parent/guardianasdfsdf

Relationship to the applicantGuardian

[View applicant declaration](#)

Additional questions

'New Case' Reason CategoryA Reason effective from 1 Mar '25

'New Case' reason detailstestingtestingtesting

Opened byE Six DOCTOR

Health Case Status

COMPLETE

Pre exam

CURRENT

Exam in Progress

NEXT

Submitted

Mr E Six DOCTOR
06 Mar 2025

Name of parent/guardian

asdfsdf

Relationship to the applicant

Guardian

View applicant declaration

Additional questions

'New Case' Reason Category

A Reason effective from 1 Mar '25

'New Case' reason details

testingtestingtesting

Opened by

E Six DOCTOR

Opened on

06 Mar 2025

Contact channels*

Delete	Contact channel	Contact details	Primary	Comments	Edit
	Address (Intended)	QWERTYUIOPFGHJKLZXC VBNM1234567890,?;-, QWERTYUIOPFGHJKLZXC VBNM1234567890,?;-, QC M1234567890-,?S, Nebraska, 896768967, UNITED STATES	No	-	
	Phone (Business)	+ 99 (64556) 6548512	Yes	-	
	E-mail (Business)	asdfkdi@gmail.com	Yes	-	
	Address (Home)	QWERTYUIOPASDFGHJKLZXC VBNM1234567890,?, QWERTYUIOPASDFGHJKLZXC VBNM1234567890,?, QWERTYUIOPASDFGHJKLZ, Australian Capital Territory, 2345, AUSTRALIA	Yes	-	

Health Case attachment

?

Add New

Delete	Document Type	Details	Attachment type	Sending method	File name	Edit
	Signed eMedical applicant declaration	-	Uploaded	-	ADD2021_1523218_Welcome to MF Octane - 1.pdf	

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 immigrant, 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, counter terrorism 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 – Manage photo

Pre exam: Manage Photo

?



Please take and attach a photo of the applicant:

Choose Files No file chosen

☒ Cannot Attach photo ⓘ

* Attach photo override ▼

* OMB Requirement

Reason

Provide details

Unlock Screen

Back Close Save

Next

Pre-exam – Confirm Identity

Pre exam: Confirm identity

Applicant personal details

Family name	DUIE
Given name(s)	KDID
Sex	FEMALE
Date of birth	04 Sep 2012
Country of birth	AUSTRALIA
City of birth	Kabul
Prior Country of Residence	AFGHANISTAN
Country of Nationality	

Applicant identity details

Identity document presented	Original Passport
Identity Document Number	123
Issuing country	AFGHANISTAN
Date of issue	
Date of expiry	04 Feb 2030
Source	Clinic

Applicant visa details

Applicant Category Immigrant Visa (excludes diversity)

Record identity

Identity document provided ☐ Not selected ☒ Yes ☐ No

Issuing country

Identity document presented

Passport number

Date of issue

Date of expiry

Do you have identity concerns? ☐ Not selected ☐ Yes ☒ No

Attachments

Add New

Delete	Document Type	Details	Attachment type	Sending method	File name	Edit
	Signed eMedical applicant declaration	-	Uploaded	-	ADD2021 1523218 Welcome to MF Octane - 1.pdf	

Unlock Screen

Back Close Save

Next

All exams summary

All Exams: All exams summary			
Medical Examination			
Exam code	501		
Exam description	Full physical medical examination report required		
Exam added by	DoS		
Reason requested	Required under policy		
Exam date	26 Mar 2025		
Exam status	Complete		
Grading	-		
		Reset exam	Delete exam View exam
Chest X-ray Examination			
Exam code	502		
Exam description	Full chest x-ray examination report and x-ray is required.		
Exam added by	Home Affairs		
Reason requested	OMB Request		
Exam date			
Exam status	Required		
Grading	-		
		Delete exam	View exam
Syphilis Test (VDRL or RPR)			
Exam code	712		
Exam description	Syphilis testing and results are required		
Exam added by	Home Affairs		
Reason requested	OMB Request		
Exam date			

🔍 Gonorrhea

Exam code **713**
Exam description Record testing and treatment for Gonorrhea 
Exam added by Home Affairs
Reason requested OMB Request 
Exam date
Exam status Required
Referred to This exam has not been referred to any clinic. 




[Delete exam](#)[View exam](#)

🔍 Hansen's Disease

Exam code **714**
Exam description Record diagnosis and treatment for Hansen's Disease 
Exam added by Home Affairs
Reason requested OMB Request 
Exam date
Exam status Required

[Delete exam](#)[View exam](#)

🔍 TB Screening test - IGRA or TST

Exam code **719**
Exam description Provide current results of Interferon Gamma Release Assay (IGRA). IGRA must be performed for these applicants if a US Food and Drug Administration (FDA)-approved IGRA test is licensed for use in the country in which the panel physician is practicing. If IGRA is not licensed for use in the country, TST should be used for these applicants. 
Exam added by Home Affairs
Reason requested OMB Request 
Exam date
Exam status Required
Referred to This exam has not been referred to any clinic. 




[Delete exam](#)[View exam](#)

▼ Vaccinations

Exam code 951
Exam description Applicant's full vaccination history is required. 
Exam added by DoS
Reason requested Required under policy 
Exam date 26 Mar 2025
Exam status Finalized
Exam expiry date 27 Sep 2025




[Re-activate exam](#)[View exam](#)

▼ Mental health report

Exam code 106
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. 
Exam added by Home Affairs
Reason requested OMB Request 
Exam date
Exam status Required
Referred to This exam has not been referred to any clinic. 




[Delete exam](#)[View exam](#)

▼ Investigation on current state of tuberculosis

Exam code 603
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),
- Reports regarding any previous treatment of tuberculosis
- Previous chest x-rays for comparison if available. Reports can be submitted if digital images are not available.
- Any additional chest x-ray images not included in the 502 (if applicable)

Exam added by Home Affairs
Reason requested OMB Request 
Exam date
Exam status Required
Referred to This exam has not been referred to any clinic. 




[Delete exam](#)[View exam](#)

Continued anti-tuberculosis treatment

Exam code 607
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. 
Exam added by Home Affairs
Reason requested OMB Request 
Exam date
Exam status Required
Referred to This exam has not been referred to any clinic. 

Finalize incomplete Delete exam View exam

Mental health report

Exam code 106
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. 
Exam added by DoS
Reason requested Required under policy 
Exam date 26 Mar 2025
Exam status Finalized
Exam expiry date 27 Sep 2025
Referred to E6 USA Satish clinic 
asdfsdf
AFGHANISTAN

Re-activate exam View exam

Add exam

Back Close

501 – Medical Examination

Confirm Identity

501 Medical Examination: Confirm identity

Applicant personal details

Family name	DUIE
Given name(s)	KDID
Sex	FEMALE
Date of birth	04 Sep 2012
Country of birth	AUSTRALIA
City of birth	Kabul
Prior Country of Residence	AFGHANISTAN
Country of Nationality	

Applicant identity details

Identity document presented	Original Passport
Identity Document Number	123
Issuing country	AFGHANISTAN
Date of issue	
Date of expiry	04 Feb 2030
Source	Clinic

Applicant visa details

Applicant Category Immigrant Visa (excludes diversity)

Record identity

Identity document provided ☐ Not selected ☒ Yes ☐ No

Issuing country

Identity document presented

Passport number

Date of issue

Date of expiry

Do you have identity concerns? ☐ Yes ☒ No

Attachments

No data

Delete	Document Type	Details	Attachment type	Sending method	File name	Edit
--------	---------------	---------	-----------------	----------------	-----------	------

Back Close Save

Next

501 Medical Examination: Confirm identity

Applicant personal details

Family name DUIE
Given name(s) KDID
Sex FEMALE
Date of birth 04 Sep 2012
Country of birth AUSTRALIA
City of birth Kabul
Prior Country of Residence AFGHANISTAN
Country of Nationality

Applicant identity details

Identity document presented Original Passport
Identity Document Number 123
Issuing country AFGHANISTAN
Date of issue
Date of expiry 04 Feb 2030
Source Clinic

Applicant visa details

Applicant Category Immigrant Visa (excludes diversity)

Record identity

Identity document provided
Issuing country
Identity document presented
Passport number
Date of issue
Date of expiry
Do you have identity concerns?

* ☐ Not selected ☒ Yes ☐ No

* AFGHANISTAN

* Original Passport

* Select an Option

* Original Passport

* National ID card

* National ID Card + Certified passport copy

* National ID card with photo

* Driver's licence

* Refugee travel document

* Red cross travel document

* UN laissez-passer

* Other

Attachments

No data

Delete	Document Type	Detail
--------	---------------	--------

Add New

Sending method	File name	Edit
----------------	-----------	------

Back Close Save

Next

Medical History

501 Medical Examination: Past Medical History

Record Medical History (Past or present)



Answer 'No' to all

Print medical history

General

Illness or injury requiring hospitalization (including psychiatric)

* ☒ Not selected ☐ No ☐ Yes

Cardiology

Hypertension

* ☒ Not selected ☐ No ☐ Yes

Congestive heart failure or coronary artery disease

* ☒ Not selected ☐ No ☐ Yes

Arrhythmia

* ☒ Not selected ☐ No ☐ Yes

Rheumatic heart disease

* ☒ Not selected ☐ No ☐ Yes

Congenital heart disease

* ☒ Not selected ☐ No ☐ Yes

Pulmonology

Current tobacco use

* ☒ Not selected ☐ No ☐ Yes

Former Tobacco use

* ☒ Not selected ☐ No ☐ Yes

Asthma

* ☒ Not selected ☐ No ☐ Yes

Chronic obstructive pulmonary disease

* ☒ Not selected ☐ No ☐ Yes

History of Tuberculosis

* ☒ Not selected ☐ No ☐ Yes ?

Current Extrapulmonary tuberculosis

* ☒ Not selected ☐ No ☐ Yes

Fever

* ☒ Not selected ☐ No ☐ Yes

Cough

* ☒ Not selected ☐ No ☐ Yes

Night sweats

* ☒ Not selected ☐ No ☐ Yes

Weight loss

* ☒ Not selected ☐ No ☐ Yes

Signs or symptoms of TB

* ☒ Not selected ☐ No ☐ Yes

Recent contact with known TB case

* ☒ Not selected ☐ No ☐ Yes

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

* ☒ Not selected ☐ No ☐ Yes

Use of substances other than those required for medical reasons

* ☒ Not selected ☐ No ☐ Yes

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

* ☒ Not selected ☐ No ☐ Yes

Substance use or substance induced disorders of substances not on the CSA (including alcohol)

* ☒ Not selected ☐ No ☐ Yes

Ever caused serious injury to others, caused major property damage or had trouble with the law because of medical condition,

* ☒ Not selected ☐ No ☐ Yes

Ever had thoughts of harming yourself

Ever had thoughts of harming others

Neurology

History of stroke

Seizure disorder

Obstetrics

Pregnant, on the day of exam?

Estimated delivery date

LMP

Fundal Height (in cm)

Fundal height assessment

Previous live births

Sexually Transmitted Diseases

Syphilis

Gonorrhea

Endocrinology

Diabetes

Thyroid disease

Hematologic / Lymphatic

Anemia

Sickle Cell Disease

Thalassemia

Other hemoglobinopathy

Hansen's Disease

Hansens's Disease History

Current diagnosis or treatment

Other

An abnormal or reactive HIV blood test

Malignancy

* ☒ Not selected ☐ No ☐ Yes

* ☒ Not selected ☐ No ☐ Yes

* ☒ Not selected ☐ No ☐ Yes

* ☒ Not selected ☐ No ☐ Yes

* ☐ Not selected ☐ No ☒ Yes

* 



* 0

* ☒ Not selected ☐ Normal ☐ Abnormal ☐ Not assessed

* None ▼

* ☒ Not selected ☐ No ☐ Yes

* ☒ Not selected ☐ No ☐ Yes

* ☒ Not selected ☐ No ☐ Yes

* ☒ Not selected ☐ No ☐ Yes

* ☒ Not selected ☐ No ☐ Yes

* ☒ Not selected ☐ No ☐ Yes

* ☒ Not selected ☐ No ☐ Yes

* ☒ Not selected ☐ No ☐ Yes

* ☒ Not selected ☐ No ☐ Yes

* ☒ Not selected ☐ No ☐ Yes 

* ☒ Not selected ☐ No ☐ Yes

* ☒ Not selected ☐ No ☐ Yes



Malignancy

Kidney or Bladder disease

Chronic liver disease (including hepatitis B or C)

Food or drug allergies

Other medical conditions requiring treatment

Disabilities (including loss of arms or legs)

Current medications (List all current medications)

Previous surgeries (List all previous surgeries)

Doctor Declaration

Applicant appears to be providing unreliable or false information

* ☒ Not selected ☐ No ☐ Yes

* ☒ Not selected ☐ No ☐ Yes

* ☒ Not selected ☐ No ☐ Yes

* ☒ Not selected ☐ No ☐ Yes

* ☒ Not selected ☐ No ☐ Yes

* ☒ Not selected ☐ No ☐ Yes

* ☒ Not selected ☐ No ☐ Yes

Back

Close

Save

Next

Basic questions

501 Medical Examination: Basic questions

Basic questions

Exam date

* 26 Mar 2025 ?

Height & Weight

Height in Centimeters

* 180 ?

Weight in Kilograms

* 70 ?

Body Mass Index (BMI)

21 ?

Vital Signs

Temperature in °C

* 33

Respiratory rate / min

* 10

Eyes

Visual acuity testing at 6 meters

* ☐ Not selected ☒ Uncorrected ☐ Corrected ☐ No ?

Uncorrected

Left Eye

* <6/60 ▾

Right Eye

* <6/60 ▾

Attachments

Use an existing attachment

Add New ?

No documents have been attached

Delete	Document Type	Details	Attachment type	Sending method	File name	Edit
--------	---------------	---------	-----------------	----------------	-----------	------

Back

Close

Save

Next

Next

Classification and Examiner declaration

501 Medical Examination: Classification and Examiner Declaration

Provide 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 ?
- ☐ 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

502 – Chest X-Ray Examination

Pregnancy Declaration

502 Chest X-Ray Examination: Pregnancy declaration

Pregnancy declaration

Is the applicant pregnant?
When does the applicant expect to give birth?
Does the applicant wish to proceed with the required X-ray examination(s)?

Applicant does not wish to undergo the X-ray examination(s). The examination(s) will be put on hold, and must be completed before the health case can be finalized.

*

☐ Not selected

☒ Yes

☐ No

*

*

☐ Not selected

☐ Yes

☒ No

?

Back

Close

Save

Next

Confirm Identity

502 Chest X-Ray Examination: Confirm identity

Applicant personal details

Family name	DUIE
Given name(s)	KDID
Sex	FEMALE
Date of birth	04 Sep 2012
Country of birth	AUSTRALIA
City of birth	Kabul
Prior Country of Residence	AFGHANISTAN
Country of Nationality	

Applicant identity details

Identity document presented	Original Passport
Identity Document Number	123
Issuing country	AFGHANISTAN
Date of issue	
Date of expiry	04 Feb 2030
Source	Clinic

Applicant visa details

Applicant Category: Immigrant Visa (excludes diversity)

Record identity

Identity document provided: ☐ Not selected ☒ Yes ☐ No

Issuing country:

Identity document presented:

Passport number:

Date of issue:

Date of expiry:

Do you have identity concerns?: ☐ Yes ☒ No

Attachments

No data

Delete	Document Type	Details	Attachment type	Sending method	File name	Edit
--------	---------------	---------	-----------------	----------------	-----------	------

Back

Close

Save

Next

Attach x-ray images

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

Attach x-ray images

Date of x-ray

* 26 Mar 2025

?

Attachments

Use an existing attachment

Add New?

Delete	Document Type	Details	Attachment type	Sending method	File name	Edit
<div></div>	Posteroanterior (PA) chest x-ray image	-	Uploaded	-	test.dcm	<div></div>

Back

Close

Save

Next

Findings

502 Chest X-Ray Examination: Findings

Record results

Exam Date

* 26 Mar 2025

Findings

* ☐ Not selected ☒ Abnormal ☐ Normal

Mark all that apply

Suggests Tuberculosis (will require Smears and Cultures)

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

Smears and Cultures not required

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

Remarks

BackCloseSave

Next

106 – Mental health report

106 Mental health report: Record results

Record results

Exam date

Exam description

Mental Health Classification

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

Class A, with harmful behavior, list disorder(s)

Class B, without harmful behavior, list disorder(s)

Addiction or abuse of specific substance on the Controlled Substances Act

Class A, list substance(s)

Class B, in remission, list substance(s)

* 26 Mar 2025

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.

☐ Not selected ☐ No ☒ Yes

* ☐ Not selected ☐ No ☒ Yes

* ☒ Not selected ☐ No ☐ Yes

* ☒ Not selected ☐ No ☐ Yes

* ☐ Not selected ☐ No ☒ Yes

* ☒ Not selected ☐ No ☐ Yes

* ☒ Not selected ☐ No ☐ Yes

Attachments

Use an existing attachment

Add New

No documents have been attached

Delete	Document Type	Details	Attachment type	Sending method	File name	Edit
General Supporting Comments						

Back Close Save Next

603 – Investigation on current state of tuberculosis

603 Investigation on current state of tuberculosis: Record results

Record results

Exam date

Exam description

* 20 Mar 2025

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),
- Reports regarding any previous treatment of tuberculosis
- Previous chest x-rays for comparison if available. Reports can be submitted if digital images are not available.
- Any additional chest x-ray images not included in the 502 (if applicable)

Sputum Smears and Cultures

Sputum Collection Site

Sputum Smear and Culture Laboratory

This clinic

This clinic

Sputum Smear Results

Date specimen obtained	Date smear results reported	Result
20 Mar 2025	26 Mar 2025	Negative
21 Mar 2025	26 Mar 2025	Negative
22 Mar 2025	26 Mar 2025	Negative

Sputum Culture Results

Warning

Saving this Exam with a positive Sputum Smear / Culture will notify the US Embassy / Consulate that this applicant is Classified 'A' TB.

Date specimen obtained	Date culture results reported	Result
20 Mar 2025	26 Mar 2025	Negative
21 Mar 2025	26 Mar 2025	Negative
22 Mar 2025	26 Mar 2025	Positive

☒ * Recording of Laboratory Tests is complete

Drug susceptibility tests

Method of DST

Date specimen obtained

Date specimen reported

Drug Susceptibility Test Laboratory

Select an Option

This clinic

Required for first-line DST

Isoniazid

Not selected

Resistant

Susceptible

Rifampin

Not selected

Resistant

Susceptible

Ethambutol

Not selected

Resistant

Susceptible

Pyrazinamide

Not selected

Resistant

Susceptible

Fluoroquinolone

Not selected

Resistant

Susceptible

Specify

Molecular tests

No results found.

Molecular test	Other	Mycobacterium tuberculosis	Rifampin resistance	Isoniazid resistance	
<div><div></div>Select an Option</div>		<div><div></div>Select an Option</div>	<div><div></div>Select an Option</div>	<div><div></div>Select an Option</div>	<div></div>

Attachments

Use an existing attachment

Add New?

No documents have been attached

Delete	Document Type	Details	Attachment type	Sending method	File name	Edit
<div>General Supporting Comments<div></div></div>						

Back

Close



Save


Next

607 – Continued anti-tuberculosis treatment


607 Continued anti-tuberculosis treatment: Record results

Record results

Exam date * 26 Mar 2025  

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

Medication	Other medication	Dosage	Start Date	End Date	
Ethambutol (TB2HRZE)	-	10mg	03 Mar 2025	04 Mar 2025	
<div>Select an Option</div>					

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 *

Findings suggestive of TB? * ☒ Not selected ☐ No ☐ Yes

Remarks

Interpreted by -


Date radiograph interpreted * 26 Mar 2025

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

General Supporting Comments

Attachments

Use an existing attachment

Add New 

No documents have been attached

Delete	Document Type	Details	Attachment type	Sending method	File name	Edit
--------	---------------	---------	-----------------	----------------	-----------	------

Back Close Save

Next

712 - Syphilis

712 Syphilis test (VDRL or RPR): Record results

Record results

Exam date

Exam description

Screening

Test name

Date result reported

Syphilis test result

Titer

Confirmatory

Test name

Date result reported

Repeat Syphilis test result

Titer

Clinical judgment on result

Stage of Syphilis

Applicant treated

Treatment

Medication

Treated By Panel Physician

* 26 Mar 2025

Syphilis testing and results are required

* VDRL

*

* ☐ Not selected ☐ Non-reactive ☒ Reactive

*

* Select an Option

*

* ☐ Not selected ☐ Non-reactive ☒ Reactive

*

* ☐ Not selected ☒ Treatment warranted ☐ Previous treatment, no new risk factors since treatment

* Select an Option

* ☐ Not selected ☐ No ☒ Yes

* Select an Option

* ☒ Not selected ☐ No ☐ Yes

Use an existing attachment

Add New

No documents have been attached

Delete	Document Type	Details	Attachment type	Sending method	File name	Edit
--------	---------------	---------	-----------------	----------------	-----------	------

General Supporting Comments

BackCloseSave

Next

713 - Gonorrhea

713 Gonorrhea: Record results

Record results

Exam date

Exam description

Was laboratory testing performed?

Screening

Date result reported

Test name

Gonorrhea test result

Applicant treated?

Treatment

No results found.

* 26 Mar 2025

Record testing and treatment for Gonorrhea

* ☐ Not selected ☐ No ☒ Yes

*

* Select an Option

* ☐ Not selected ☒ Positive ☐ Negative

* ☐ Not selected ☐ No ☒ Yes

Medication	Other medication	Dose	Start Date	End Date
* Select an Option		*		*

☐ * Recording of treatment is complete

Attachments

Use an existing attachment

Add New

No documents have been attached

Delete	Document Type	Details	Attachment type	Sending method	File name	Edit
General supporting comments						

Back

Close

Save

Next

714 – Hansen's Disease

714 Hansen's Disease: Record results

Record results

Exam date *

Exam description

Initial Diagnosis

Test name *

Date result reported *

Result *

Made by *

Year of diagnosis *

Type of Hansen's disease *

Treatment

Treatment *

Treated by panel physician?

Referred for treatment?

Referral facility *

26 Mar 2025

Record diagnosis and treatment for Hansen's Disease

☐ Not selected ☐ Negative ☒ Positive

☐ Not selected ☐ Panel Physician ☒ Non-panel physician prior to current evaluation

☐ Not selected ☐ Multibacillary ☒ Paucibacillary

☐ Not selected ☐ None ☐ Partial (>= 7 days) ☒ Completed

☐ Not selected ☒ No ☐ Yes

☐ Not selected ☐ No ☒ Yes

No results found.

Medication	Other medication	Dose	Start Date	End Date
Select an Option				

Attachments

Use an existing attachment

Add New

No documents have been attached

Delete	Document Type	Details	Attachment type	Sending method	File name	Edit
General Supporting Comments						

Back Close Save

Next

719 - TB Screening

719 TB screening test – IGRA or TST: Record results

?

Record results

Exam Date (date drawn/applied)

26 Mar 2025

📅 ?

Exam description

Provide current results of Interferon Gamma Release Assay (IGRA). IGRA must be performed for these applicants if a US Food and Drug Administration (FDA)-approved IGRA test is licensed for use in the country in which the panel physician is practicing. If IGRA is not licensed for use in the country, TST should be used for these applicants.

📎

Type of exam conducted

☐ Not selected

☒ Interferon Gamma Release Assay (IGRA)

Type of IGRA test

Quantiferon

▼

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

*

General Supporting Comments

Attachments

Use an existing attachment

Add New?

No documents have been attached

Delete	Document Type	Details	Attachment type	Sending method	File name	Edit
--------	---------------	---------	-----------------	----------------	-----------	------

Back

Close

Save

Next

951 – Vaccinations

Level 1 Diseases

951 Vaccinations: Record results

Record results

Exam date

* 03 Apr 2025

Exam description

Applicant's full vaccination history is required.

[Expand recorded only](#)

Diphtheria, Tetanus, Pertussis

Polio

Measles, Mumps, Rubella

Rotavirus

Hib

Hepatitis A

Hepatitis B

Meningococcal

Varicella

Pneumococcal

Influenza

Other

Vaccination Documentation

Vaccination requirements complete? ☒ Not selected ☐ Yes ☐ No

Remarks

Attachments

Use an existing attachment

Add New

No documents have been attached

Delete	Document Type	Details	Attachment type	Sending method	File name	Edit
--------	---------------	---------	-----------------	----------------	-----------	------

Back

Close

Print Vaccination Worksheet

Save

Next

Level 2 Vaccines

951 Vaccinations: Record results

Record results

Exam date

* 03 Apr 2025

?

Exam description

Applicant's full vaccination history is required.

Expand recorded only.

✓ Diphtheria, Tetanus, Pertussis

• DTP, DTaP

• Tdap

• DT

• Td

• TT

✓ Polio

• IPV

• OPV

✓ Measles, Mumps, Rubella

• MMR

• Measles

• Mumps

• Rubella

✓ Rotavirus

• Rota Teq (RV5)

• Rotarix (RV1)

✓ Hib

• Hib

<input type="radio"/> Hib
<input checked="" type="radio"/> Hepatitis A
<input type="radio"/> Hepatitis A
<input checked="" type="radio"/> Hepatitis B
<input type="radio"/> Hepatitis B
<input checked="" type="radio"/> Meningococcal
<input type="radio"/> MenACWY Conjugate (specify brand in remarks)
<input checked="" type="radio"/> Varicella
<input type="radio"/> Varicella Vaccine
<input checked="" type="radio"/> Pneumococcal
<input type="radio"/> PCV 10
<input type="radio"/> PCV13
<input type="radio"/> PPSV 23
<input type="radio"/> PCV15
<input type="radio"/> PCV20
<input checked="" type="radio"/> Influenza
<input type="radio"/> Influenza
<input checked="" type="radio"/> Other

Vaccination Documentation

Vaccination requirements complete?

☒ Not selected ☐ Yes ☐ No ?

Remarks

Attachments

☐ Use an existing attachment

Add New ?

No documents have been attached

Delete	Document Type	Details	Attachment type	Sending method	File name	Edit
Back	Close	Print Vaccination Worksheet	Save			Next

Level 3 General: Dates and/or Contra-indications

951 Vaccinations: Record results

Record results

Exam date03 Apr 2025

Exam descriptionApplicant's full vaccination history is required.

[Expand recorded only](#)

Diphtheria, Tetanus, Pertussis

DTP, DTaP

Vaccination History

Vaccination given by panel site

Date given	Batch / Lot	Expiry	Site	Route
			Select an Option	Select an Option
			Select an Option	Select an Option
			Select an Option	Select an Option

Test for Immunity Positive

Reasons for not providing vaccine:

Contra-indications

Remarks:

Tdap

Tdap

Vaccination History

Vaccination given by panel site

Date given

Batch / Lot

Expiry

Site

Select an Option ▾
Select an Option ▾
Select an Option ▾

Route

Select an Option ▾
Select an Option ▾
Select an Option ▾

Test for Immunity Positive

Reasons for not providing vaccine:

- ☐ Not age appropriate
- ☐ Not indicated due to documented immunity from a previous infection
- ☐ Insufficient time interval to complete series
- ☐ Not routinely available
- ☐ Flu vaccine not available or indicated
- ☐ Applicant declined vaccination

Contra-indications

- ☐ Pregnant
- ☐ Breastfeeding
- ☐ Known chronic hepatitis B virus infection
- ☐ Immune compromised
- ☐ History of allergic reaction to vaccine or vaccine component
- ☐ Other serious reaction to vaccine
- ☐ Current illness
- ☐ Other, specify in remarks

Remarks:

Level 3 Varicella variation

Polio				
Measles, Mumps, Rubella				
Rotavirus				
Hib				
Hepatitis A				
Hepatitis B				
Meningococcal				
Varicella				

Varicella Vaccine

Vaccination History

Vaccination given by panel site

Date given

Batch / Lot

Expiry

Site

Route

Select an Option

Select an Option

Select an Option

Select an Option

Select an Option

Select an Option

Test for Immunity Positive

History of disease

Not selected

No

Yes

Reasons for not providing vaccine:

Not age appropriate

Not indicated due to documented immunity from a previous infection

Insufficient time interval to complete series

Not routinely available

Flu vaccine not available or indicated

Applicant declined vaccination

Contra-indications

Pregnant

Breastfeeding

Known chronic hepatitis B virus infection

Immune compromised

History of allergic reaction to vaccine or vaccine component

Other serious reaction to vaccine

Current illness

Other, specify in remarks

Remarks:

Pneumococcal

Level 3 'Other' variation

Other 2

Other 3

Specify 'other'

Vaccination History

Vaccination given by panel site

Date given

Batch / Lot

Expiry

Site

Route

Test for Immunity Positive

Reasons for not providing vaccine:

Contra-indications

Remarks:

Vaccination Documentation

Vaccination requirements complete?

Remarks

Attachments

Use an existing attachment

Add New

No documents have been attached

Delete	Document Type	Details	Attachment type	Sending method	File name	Edit
Back	Close	Print Vaccination Worksheet	Save	Next		