

## Inbox

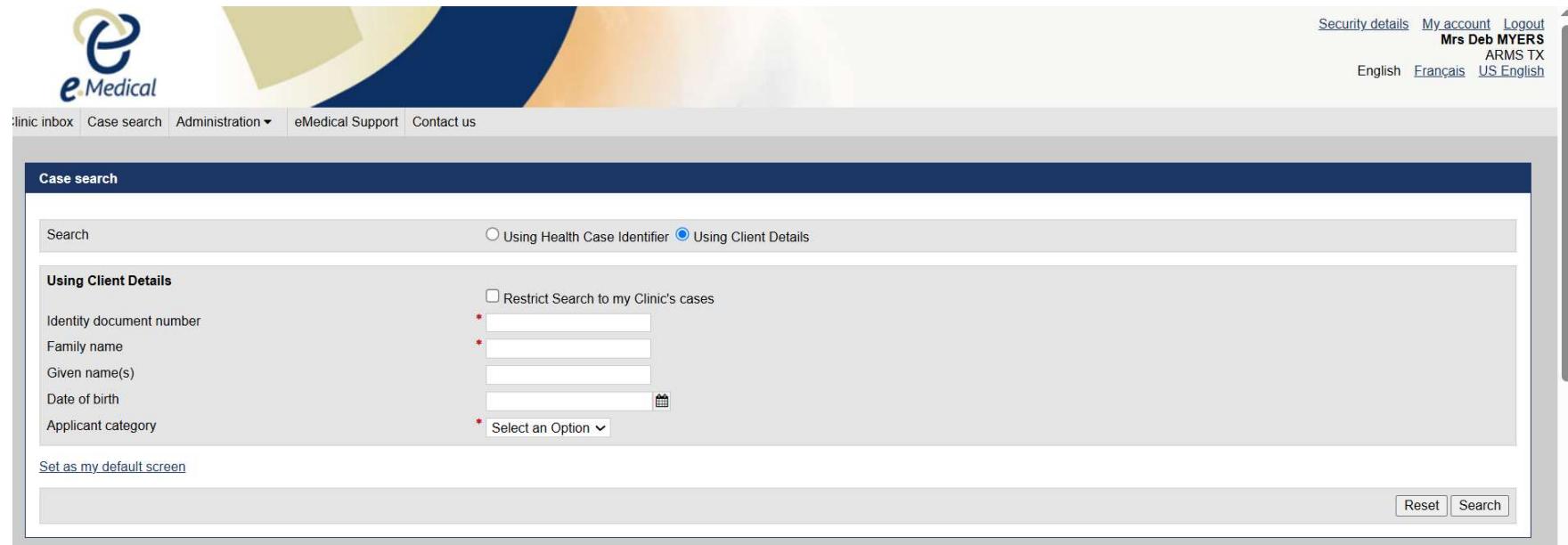
Inbox																
Pre-exam (28)		In progress (13)		Awaiting grading (1)		Returned (1)		Show all (43)								
Filter by <None> <input type="button" value="Apply filter"/> <span style="float: right;">?</span>																
ID	Applicant name	Date of birth	Document Number	Visa	Type	Appt.	Visit date	501	502	707	708	712	716	Other	Country	Action
AA00034E9Q_6	DUIE, KDID	04 Sep 2012	123	Immigrant Visa (excludes diversity)	-	-	26 Mar 2025	●	○	○	○	○	○	●	USA	<a href="#">View</a>   <a href="#">Appt.</a>
AA00034E9Q_7	DUIE, KDID	04 Sep 2012	123	Immigrant Visa (excludes diversity)	-	-	-	○	○	○	○	○	○	●	USA	<a href="#">View</a>   <a href="#">Appt.</a>
USA1740965078694_2	JHLCCGIELJFEFDE, Ceklhgbmfmgnije	13 Jan 1990	acifhjcccc	Immigrant Visa (excludes diversity)	-	-	-	○	○	○	○	○	○	●	USA	<a href="#">View</a>   <a href="#">Appt.</a>
P000015783	JAKE, Rade	01 Dec 2000	784056220	Parolee (SMO)	-	-	03 Mar 2025	○	○	○	○	○	○	●	USA	<a href="#">View</a>   <a href="#">Appt.</a>
AA00034EAA_0	DFDF, DCEFE	09 Mar 2012	-	Immigrant Visa (excludes diversity)	-	-	06 Mar 2025	○	○	○	○	○	○	●	USA	<a href="#">View</a>   <a href="#">Appt.</a>
AA00034E9Q_12	DUIE, KDID	04 Sep 2012	123	Immigrant Visa (excludes diversity)	-	-	-	○	○	○	○	○	○	●	USA	<a href="#">View</a>   <a href="#">Appt.</a>
USA1736290012145_1	ADHFGLJEJGBMKJG, Oedkcbmliafejdo	13 Dec 1979	hfhefeiheh	Adoptee	-	-	06 Mar 2025	●	●	○	○	○	○	●	USA	<a href="#">View</a>   <a href="#">Appt.</a>
USA1736466170742_2	TEST, Client	13 Dec 1979	gbafbhjaag	Immigrant Visa (excludes diversity)	-	-	01 Feb 2025	●	●	○	○	○	○	●	USA	<a href="#">View</a>   <a href="#">Appt.</a>
P000016434	XCVXZCV, Zxcvxcv	12 Dec 2022	568923562	Afghan Parolee	-	-	03 Mar 2025	○	○	○	○	○	○	●	USA	<a href="#">View</a>   <a href="#">Appt.</a>
USA1736290010398_2	HNHBIACJOMIIHDF, Onfabeodkhcamgf	13 Dec 1979	gfdebcjfee	Adoptee	-	-	-	●	●	○	○	○	○	●	USA	<a href="#">View</a>   <a href="#">Appt.</a>

1 - 10 of 13 results Page 1

[Manage Case](#) [View event log](#)

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

## Pre-exam: lookup



The image shows the eMedical Case search interface. At the top, there is a navigation bar with links for Clinic inbox, Case search, Administration, eMedical Support, and Contact us. On the right side of the top bar, there are links for Security details, My account, Logout, and a user profile for Mrs Deb MYERS, ARMS TX. Below the top bar, there are language selection links for English, Français, and US English. The main content area is titled "Case search" and contains a search form. The search form has a "Search" input field and two radio buttons: "Using Health Case Identifier" (unchecked) and "Using Client Details" (checked). Below these buttons is a checkbox labeled "Restrict Search to my Clinic's cases". The "Using Client Details" section contains fields for Identity document number, Family name, Given name(s), Date of birth (with a calendar icon), and Applicant category (with a dropdown menu labeled "Select an Option"). There is also a link "Set as my default screen". At the bottom right of the search form are "Reset" and "Search" buttons.

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

Restrict Search to my Clinic's cases

Identity document number  \*

Family name  \*

Given name(s)

Date of birth  

Applicant category  \* Select an Option

[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)	<input type="text"/>	?
Sex	* Select an Option	?
Date of birth	<input type="text"/> 	?
Country of Birth	* Select an Option	?
City of Birth	<input type="text"/>	?
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	<input type="text"/> 	?
Date of expiry	<input type="text"/> 	?

**Applicant category**

Applicant category	Afghan Parolee
--------------------	----------------

**Other Identifiers**

Band ID number	<input type="text"/>
USCIS Online Account Number	<input type="text"/>
Other identifier	<input type="text"/>

## Pre-exam – Health case Details

Health Case: AA00034E9Q\_6



PHOTO  
CANNOT BE  
ATTACHED

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 Gonorrhoea
- 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 Number: 1405-0230

Form Number: DS-7794

Expiration Date: 31 Dec 2025

Estimated Burden: 60 minutes

?

**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: Select an Option

**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	

**Other Identifiers**

Identifier type	Identifier value
CEAC Barcode	AA00034E9Q
Case Number	KBL2025551004

**Applicant visa details**

Applicant Category	Immigrant 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/guardian: asdfsdf

Relationship to the applicant: Guardian

[View applicant declaration](#)

**Additional questions**

'New Case' Reason Category: A Reason effective from 1 Mar '25

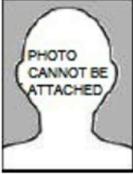
'New Case' reason details: testingtestingtesting

Opened by: E Six DOCTOR



## Pre-exam – Manage photo

Pre exam: Manage Photo



Please take and attach a photo of the applicant:

No file chosen

Cannot Attach photo [?](#)

Reason:

Provide details:

## 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	* <input type="radio"/> Not selected <input checked="" type="radio"/> Yes <input type="radio"/> No
Issuing country	* AFGHANISTAN
Identity document presented	* Original Passport
Passport number	* 123
Date of issue	
Date of expiry	04 Feb 2030
Do you have identity concerns?	* <input type="radio"/> Not selected <input type="radio"/> Yes <input checked="" type="radio"/> No

**Attachments**

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

?

<input checked="" type="checkbox"/> <b>Medical Examination</b>	
Exam code	<b>501</b>
Exam description	Full physical medical examination report required <input type="button" value="View"/>
Exam added by	DoS
Reason requested	Required under policy <input type="button" value="View"/>
Exam date	26 Mar 2025
Exam status	Complete
Grading	-
<input type="button" value="Reset exam"/> <input type="button" value="Delete exam"/> <input type="button" value="View exam"/>	
<input checked="" type="checkbox"/> <b>Chest X-ray Examination</b>	
Exam code	<b>502</b>
Exam description	Full chest x-ray examination report and x-ray is required. <input type="button" value="View"/>
Exam added by	Home Affairs
Reason requested	OMB Request <input type="button" value="View"/>
Exam date	
Exam status	Required
Grading	-
<input type="button" value="Delete exam"/> <input type="button" value="View exam"/>	
<input checked="" type="checkbox"/> <b>Syphilis Test (VDRL or RPR)</b>	
Exam code	<b>712</b>
Exam description	Syphilis testing and results are required <input type="button" value="View"/>
Exam added by	Home Affairs
Reason requested	OMB Request <input type="button" value="View"/>
Exam date	

<input checked="" type="checkbox"/> <b>Gonorrhea</b>	
Exam code	<b>713</b>
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. 
<input type="button" value="Delete exam"/> <input type="button" value="View exam"/>	
<input checked="" type="checkbox"/> <b>Hansen's Disease</b>	
Exam code	<b>714</b>
Exam description	Record diagnosis and treatment for Hansen's Disease 
Exam added by	Home Affairs
Reason requested	OMB Request 
Exam date	
Exam status	Required
<input type="button" value="Delete exam"/> <input type="button" value="View exam"/>	
<input checked="" type="checkbox"/> <b>TB Screening test - IGRA or TST</b>	
Exam code	<b>719</b>
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. 
<input type="button" value="Delete exam"/> <input type="button" value="View exam"/>	

<b>Vaccinations</b>	
Exam code	951
Exam description	Applicant's full vaccination history is required. <a href="#">[edit]</a>
Exam added by	DoS
Reason requested	Required under policy <a href="#">[edit]</a>
Exam date	26 Mar 2025
Exam status	Finalized
Exam expiry date	27 Sep 2025
<a href="#">Re-activate exam</a> <a href="#">View exam</a>	
<b>Mental health report</b>	
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. <a href="#">[edit]</a>
Exam added by	Home Affairs
Reason requested	OMB Request <a href="#">[edit]</a>
Exam date	Required
Exam status	This exam has not been referred to any clinic. <a href="#">[edit]</a>
<a href="#">Delete exam</a> <a href="#">View exam</a>	
<b>Investigation on current state of tuberculosis</b>	
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) <a href="#">[edit]</a>
Exam added by	Home Affairs
Reason requested	OMB Request <a href="#">[edit]</a>
Exam date	Required
Exam status	This exam has not been referred to any clinic. <a href="#">[edit]</a>
<a href="#">Delete exam</a> <a href="#">View exam</a>	

<input checked="" type="checkbox"/> 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. <a href="#">View</a>
Exam added by	Home Affairs
Reason requested	OMB Request <a href="#">View</a>
Exam date	
Exam status	Required
Referred to	This exam has not been referred to any clinic. <a href="#">View</a>
<a href="#">Finalize incomplete</a> <a href="#">Delete exam</a> <a href="#">View exam</a>	
<input checked="" type="checkbox"/> 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. <a href="#">View</a>
Exam added by	DoS
Reason requested	Required under policy <a href="#">View</a>
Exam date	26 Mar 2025
Exam status	Finalized
Exam expiry date	27 Sep 2025
Referred to	E6 USA Satish clinic <a href="#">View</a> asdfsdf AFGHANISTAN
<a href="#">Re-activate exam</a> <a href="#">View exam</a>	
<a href="#">Add exam</a>	
<a href="#">Back</a> <a href="#">Close</a>	

## 501 – Medical Examination

### Confirm Identity

501 Medical Examination: Confirm identity

Applicant personal details		Applicant identity details	
Family name	DUIE	Identity document presented	Original Passport
Given name(s)	KDID	Identity Document Number	123
Sex	FEMALE	Issuing country	AFGHANISTAN
Date of birth	04 Sep 2012	Date of issue	04 Feb 2030
Country of birth	AUSTRALIA	Date of expiry	
City of birth	Kabul	Source	Clinic
Prior Country of Residence	AFGHANISTAN		
Country of Nationality			

Applicant visa details

Applicant Category	Immigrant Visa (excludes diversity)

Record identity

Identity document provided	* <input type="radio"/> Not selected <input checked="" type="radio"/> Yes <input type="radio"/> No
Issuing country	* AFGHANISTAN
Identity document presented	* Original Passport
Passport number	* 123
Date of issue	
Date of expiry	04 Feb 2030
Do you have identity concerns?	* <input type="radio"/> Yes <input checked="" type="radio"/> No

Attachments

Attachments						
No data						
Delete	Document Type	Details	Attachment type	Sending method	File name	Edit

Back Close Save Next



## 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

\*  Not selected  Yes  No

\* AFGHANISTAN

Identity document presented

\* Original Passport



Passport number

\* Select an Option

Date of issue

Original Passport

Date of expiry

National ID card

Do you have identity concerns?

National ID Card + Certified passport copy

National ID card with photo

Driver's licence

Refugee travel document

Add New

## Attachments

No data

[Delete](#) [Document Type](#)

[Detail](#)

[Sending method](#)

[File name](#)

[Edit](#)

[Back](#) [Close](#) [Save](#)

[Next](#)

Red cross travel document  
 UN laissez-passer  
 Other

## 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

\*  Not selected  No  Yes  
\*  Not selected  No  Yes

### Neurology

History of stroke  
Seizure disorder

\*  Not selected  No  Yes  
\*  Not selected  No  Yes

### Obstetrics

Pregnant, on the day of exam?  
Estimated delivery date  
LMP  
Fundal Height (in cm)  
Fundal height assessment  
Previous live births

\*  Not selected  No  Yes  
\*    
   
\*  0  
\*  Not selected  Normal  Abnormal  Not assessed  
\*

### Sexually Transmitted Diseases

Syphilis

\*  Not selected  No  Yes

Gonorrhea

\*  Not selected  No  Yes

### Endocrinology

Diabetes  
Thyroid disease

\*  Not selected  No  Yes  
\*  Not selected  No  Yes

### Hematologic / Lymphatic

Anemia  
Sickle Cell Disease  
Thalassemia  
Other hemoglobinopathy

\*  Not selected  No  Yes  
\*  Not selected  No  Yes  
\*  Not selected  No  Yes  
\*  Not selected  No  Yes

### Hansen's Disease

Hansen's Disease History  
Current diagnosis or treatment

\*  Not selected  No  Yes  
\*  Not selected  No  Yes 

### Other

An abnormal or reactive HIV blood test  
Malignancy

\*  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)

\*  Not selected  No  Yes  
\*  Not selected  No  Yes

Previous surgeries (List all previous surgeries)

### Doctor Declaration

Applicant appears to be providing unreliable or false information

\*  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](#)

## Detailed questions

### 501 Medical Examination: Detailed questions

#### Detailed questions



Answer 'Normal' to all

##### All Systems

General appearance

Provide details

\*  Not selected  Normal  Abnormal

\*

\*  Not selected  Normal  Abnormal

Nutritional status (including acute wasting and or chronic stunting malnutrition)

Heart (S1, S2, murmur, rub)

Lungs (auscultation)

Nervous system

Abdomen (including liver, spleen)

Musculoskeletal system (including gait)

Extremities (including pulses, edema)

Hematologic

##### Brain and cognition

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

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

Eyes

Nose, mouth and throat (including dental)

Hearing and ears

##### Miscellaneous

Exposed Skin

Lymph nodes

##### 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](#)

## 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?  Not selected  Yes  No ?

When does the applicant expect to give birth?  calendar icon

Does the applicant wish to proceed with the required X-ray examination(s)?  Not selected  Yes  No

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.

Back Close Save Next

## Confirm Identity

502 Chest X-Ray Examination: Confirm identity

<b>Applicant personal details</b>		<b>Applicant identity details</b>				
Family name	DUIE	Identity document presented	Original Passport			
Given name(s)	KDID	Identity Document Number	123			
Sex	FEMALE	Issuing country	AFGHANISTAN			
Date of birth	04 Sep 2012	Date of issue	04 Feb 2030			
Country of birth	AUSTRALIA	Date of expiry	Clinic			
City of birth	Kabul	Source				
Prior Country of Residence	AFGHANISTAN					
Country of Nationality						
<b>Applicant visa details</b>						
Applicant Category	Immigrant Visa (excludes diversity)					
<b>Record identity</b>						
Identity document provided	<input type="radio"/> Not selected <input checked="" type="radio"/> Yes <input type="radio"/> No					
Issuing country	<input type="radio"/> AFGHANISTAN					
Identity document presented	<input type="radio"/> Original Passport					
Passport number	123					
Date of issue						
Date of expiry	04 Feb 2030					
Do you have identity concerns?	<input type="radio"/> Yes <input checked="" type="radio"/> No <a href="#">?</a>					
<b>Attachments</b>						
<a href="#">Add New</a>						
<b>No data</b>						
Delete	Document Type	Details	Attachment type	Sending method	File name	Edit
<a href="#">Back</a>	<a href="#">Close</a>	<a href="#">Save</a>				<a href="#">Next</a>

## 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  

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

Back Close Save 

## 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

## 106 – Mental health report

106 Mental health report: Record results

Record results

Exam date: \* 26 Mar 2025  

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.



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): \*  Not selected  No  Yes

Class A, with harmful behavior, list disorder(s): \*  Not selected  No  Yes

Class B, without harmful behavior, list disorder(s): \*  Not selected  No  Yes

Addiction or abuse of specific substance on the Controlled Substances Act:

Class A, list substance(s): \*  Not selected  No  Yes

Class B, in remission, list substance(s): \*  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				

## 603 – Investigation on current state of tuberculosis

**603 Investigation on current state of tuberculosis: Record results**

**Record results**

Exam date: \* 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	This clinic
Sputum Smear and Culture Laboratory	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: \* Select an Option 

Date specimen obtained: \*  

Date specimen reported: \*  

Drug Susceptibility Test Laboratory: \* 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	
* Select an Option		Select an Option	Select an Option	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					
<input type="button" value="Back"/> <input type="button" value="Close"/> <input type="button" value="Save"/>						<input type="button" value="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. 

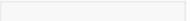
**Treatment**

Medication	Other medication	Dosage	Start Date	End Date
Ethambutol (TB2HRZE)	-	10mg	03 Mar 2025	04 Mar 2025

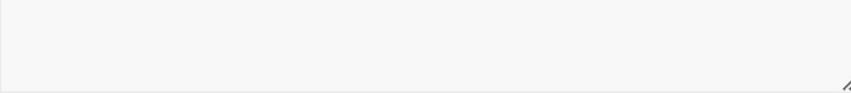
Select an Option 

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  

No documents have been attached

Delete	Document Type	Details	Attachment type	Sending method	File name	Edit
						

Back  Save 

## 712 - Syphilis

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

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

---

### Record results

Exam date \* 26 Mar 2025

Exam description

### Screening

Test name \* VDRL

Date result reported

Syphilis test result \*  Not selected  Non-reactive  Reactive

Titer

### Confirmatory

Test name \* Select an Option

Date result reported

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

Titer

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

Stage of Syphilis \* Select an Option

Applicant treated \*  Not selected  No  Yes

### Treatment

Medication \* Select an Option

Treated By Panel Physician \*  Not selected  No  Yes

---

### Attachments

?

**No documents have been attached**

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

General Supporting Comments

---

?

## 713 - Gonorrhea

713 Gonorrhea: Record results

Record results

Exam date: \* 26 Mar 2025

Exam description: Record testing and treatment for Gonorrhea

Was laboratory testing performed?  Not selected  No  Yes

Screening: \*

Date result reported: \*

Test name: \* Select an Option

Gonorrhea test result: \*  Not selected  Positive  Negative

Applicant treated? \*  Not selected  No  Yes

Treatment

No results found.

Medication	Other medication	Dose	Start Date	End Date	
* Select an Option		* <input type="text"/>	* <input type="text"/> <input type="button" value="Calendar"/>	* <input type="text"/> <input type="button" value="Calendar"/>	<input type="button" value="New"/>

\* Recording of treatment is complete

Attachments

Use an existing attachment

No documents have been attached

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

## 714 – Hansen's Disease

714 Hansen's Disease: Record results

Record results

Exam date: \* 26 Mar 2025

Exam description: Record diagnosis and treatment for Hansen's Disease

**Initial Diagnosis**

Test name: \*

Date result reported: \*

Result: \*  Not selected  Negative  Positive

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

Year of diagnosis: \*

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: \*

No results found.

Medication	Other medication	Dose	Start Date	End Date	
* <input type="button" value="Select an Option"/>		* <input type="text"/>	* <input type="text"/> <input type="button" value="Calendar"/>	* <input type="text"/> <input type="button" value="Calendar"/>	<input type="button" value="Add"/>

**Attachments**

Use an existing attachment

No documents have been attached

Delete	Document Type	Details	Attachment type	Sending method	File name	Edit
General Supporting Comments <input type="text"/>						

## 719 - TB Screening

719 TB screening test – IGRA or TST: Record results

Record results

Exam Date (date drawn/applied)

Exam description

Type of exam conducted  Not selected  Interferon Gamma Release Assay (IGRA)

Type of IGRA test

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

No documents have been attached

<input type="button" value="Delete"/>	<input type="button" value="Document Type"/>	<input type="button" value="Details"/>	<input type="button" value="Attachment type"/>	<input type="button" value="Sending method"/>	<input type="button" value="File name"/>	<input type="button" value="Edit"/>
<input type="button" value="Back"/>	<input type="button" value="Close"/>	<input type="button" value="Save"/>				<input type="button" value="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 A

**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

Exam description

[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

• Hib
• Hepatitis A
• Hepatitis A
• Hepatitis B
• Hepatitis B
• Meningococcal
• MenACWY Conjugate (specify brand in remarks)
• Varicella
• Varicella Vaccine
• Pneumococcal
• PCV 10
• PCV13
• PPSV 23
• PCV15
• PCV20
• Influenza
• 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 3 General: Dates and/or Contra-indications

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

Vaccination History:  [?](#)  [?](#)  [?](#)  [?](#)

Vaccination given by panel site

Date given	Batch / Lot	Expiry	Site	Route
<input type="text"/> <a href="#">?</a>	<input type="text"/>	<input type="text"/>	<input type="text"/> Select an Option <a href="#">?</a>	<input type="text"/> Select an Option <a href="#">?</a>
<input type="text"/> <a href="#">?</a>	<input type="text"/>	<input type="text"/>	<input type="text"/> Select an Option <a href="#">?</a>	<input type="text"/> Select an Option <a href="#">?</a>
<input type="text"/> <a href="#">?</a>	<input type="text"/>	<input type="text"/>	<input type="text"/> Select an Option <a href="#">?</a>	<input type="text"/> Select an Option <a href="#">?</a>

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:

Tdap

**Tdap**

Vaccination History

Vaccination given by panel site

Date given  Batch / Lot  Expiry  Site  Route

Date given  Batch / Lot  Expiry  Site  Route

Date given  Batch / Lot  Expiry  Site  Route

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
<input type="text"/> <input type="button" value="Calendar"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="Select an Option"/>	<input type="button" value="Select an Option"/>
<input type="text"/> <input type="button" value="Calendar"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="Select an Option"/>	<input type="button" value="Select an Option"/>
<input type="text"/> <input type="button" value="Calendar"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="Select an Option"/>	<input type="button" value="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:

- 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:

**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
<a href="#">Back</a>	<a href="#">Close</a>	<a href="#">Print Vaccination Worksheet</a>	<a href="#">Save</a>			<a href="#">Next</a>