U. S. Department of State

REPORT OF MEDICAL EXAMINATION BY PANEL PHYSICIAN

OMB No. 1405-0113
EXPIRATION DATE: xx-xx-20xx
ESTIMATED BURDEN: 10 minutes
(See Page 2 - Back of Form)

Photo	Surnames	Given Names	Birth Date (*mm-dd-yyyy*)	Sex ☐ M ☐ F
	U.S. Consulate/Embassy	Document Type	Document Number	Case or Alien Number

Birthplace *(City, Country)*	Present Country of Residence	Prior Country of Residence
Present Address of Residence	Present City of Residence	Present Postal Code of Residence
Intended US Address		Intended US City
Intended US State	Intended US Postal Code	Country of Nationality
Phone Number	E-mail Address	
Date of Medical Exam (*Date of physical exam or date of final TB culture results, if cultures performed) (mm-dd-yyyy)*		
Date Exam Expires *(3 months if Class B0 or B1 TB, otherwise 6 months) (mm-dd-yyyy)*		
Exam Place of Current Exam *(City, Country)*	Date of Prior Exam, if any *(mm-dd-yyyy)*	
Panel Physician Performing Exam	Panel Site	Radiology Facility
Sputum Collection Site	Sputum Smear and Culture Laboratory	Syphilis Laboratory
Drug Susceptibility Test Laboratory	TB DOT Facility	Gonorrhea Laboratory
Results of Controlled Substance/Alcohol Lab	Results of Metabolic Lipid Laboratory	Results of Other STD Laboratory

Applicant Category *(Mark One)*

Immigrant Visa	Refugee	Asylee	Nonimmigrant Visa *(NIV)*	Parolee
☐ Immigrant	☐ Refugee	☐ Asylee	☐ K-Visa	☐ Parolee
☐ Special Immigrant *(SIV)*	☐ Follow to join refugee	☐ Following to join asylee	☐ Other NIV _____	
☐ Adoptee				

1. Classification *(Check all boxes that apply)*

☐ **No apparent defect, disease, or disability** *(See Worksheets DS-3025, DS-3026, DS-3030)*

☐ **Class A Conditions** *(See Worksheets DS-3025, DS-3026, DS-3030)*

- ☐ Tuberculosis disease (1A1)
- ☐ Syphilis, untreated (1A1)
- ☐ Gonorrhea, untreated (1A1)
- ☐ Hansen's Disease, untreated multibacillary or paucibacillary (1A1)
- ☐ Any physical or mental disorder, or addiction or abuse of a non-controlled substance with harmful behavior (current or 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** *(See Worksheets DS-3025, DS-3026, DS-3030)*

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

- ☐ Multibacillary, treated
- ☐ Paucibacillary, treated

☐ Any physical or mental disorder, or addiction or abuse of a non-controlled substance, without harmful behavior or with past harmful behavior that is unlikely to recur (or in remission)

☐ Sustained, full remission of addiction or abuse of specific substance on the CSA

☐ **Class B Other** *(Specify or give details from worksheets)*

2. Vaccination Documentation *(See DS-3025, mark one)*

- ☐ Immigrant Visa or Parolee applicant completed vaccination requirements
- ☐ K Visa applicant voluntarily completed vaccination requirements
- ☐ Immigrant Visa applicant refused vaccination (Class A)
- ☐ Immigrant Visa applicant requested Adoptee Exemption
- ☐ Immigrant Visa applicant requests Individual Waiver based on religious or moral convictions (Class A)
- ☐ Refugee or follow to join Asylee/Refugee (V92/93) applicant not required to meet vaccination requirements
- ☐ K-Visa applicant electing to not be vaccinated at the examination
- ☐ Other NIV applicant not required to meet vaccination requirements

3. Nature and Extent of Abnormalities

I attest that after performing the applicant's medical examination, I conclude that:

☐ Yes ☐ No ☐ N/A	The nature and extent of abnormalities renders the applicant capable of normal physical activity, including but not limited to employment;
☐ Yes ☐ No ☐ N/A	The nature and extent of abnormalities is remediable; and
☐ Yes ☐ No ☐ N/A	The nature and extent of abnormalities will require extensive medical care or institutionalization.

4. Panel Physician	Panel Physician Signature	Date *(mm-dd-yyyy)*
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. I further attest that I provided the applicant the "applicant consent statement" and that the applicant read, understands, and has agreed to its contents.		

PAPERWORK REDUCTION ACT AND CONFIDENTIALITY STATEMENTS

PAPERWORK REDUCTION ACT STATEMENT

Public reporting burden for this collection of information is estimated to average 10 minutes per response, including time required for searching existing data sources, gathering the necessary documentation, providing the information and/or documents required, and reviewing the final collection. You do not have to supply this information unless this collection displays a currently valid OMB control number. If you have comments on the accuracy of this burden estimate and/or recommendations for reducing it, please send them to: PRA_BurdenComments@state.gov

CONFIDENTIALITY STATEMENT

INA Section 222(f) provides that visa issuance and refusal records shall be considered confidential and shall be used only for the formulation, amendment, administration, or enforcement of the immigration, nationality, and other laws of the United States. The U.S. Department of State uses the information provided on this form to determine an individual's eligibility for a U.S. visa. Certified copies of visa records may be made available to a court which certifies that the information contained in such records is needed in a case pending before the court. The information provided may also be released to federal agencies for law enforcement, counterterrorism and homeland security purposes; to Congress and courts within their sphere of jurisdiction; and to other federal agencies who may need the information to administer or enforce U.S. laws. Although furnishing this information is voluntary, individuals who fail to submit this form or who do not provide all the requested information may be denied a U.S. visa or experience processing delays.