Create Health Case

Client personal details

Family name		**<Family name>**
Given name(s)	*	
Gender	*	Select an Option
Date of birth	*	20Jun2015
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

See BR-UFM58 for configured options

Identity document presented	*	Select an Option
Number / ID		**<number>**
Issuing Country		Select an Option
Date of issue		20Jun2015
Date of expiry		20Jun2025

Applicant Category and Country of Birth cross-check

Warning

WARNING: Applicant's country of birth does not agree with applicant category.

Do you wish to continue with this health case?

Cancel Continue

Applicant category

Applicant category	**<As selected on the Case Search page>**

Other identifiers

Band ID number	
USCIS Online Account Number	
Alien number	
Other identifier	

Which Identifier types are shown, and which are mandatory is controlled by the Applicant Category configuration

Cancel Create

Health Case: 1885501521

Image

CLIENT, Name
<Gender> <Date of Birth>

- Group <Group ID>
- Pre exam
  - Health case details
  - Manage Photo
  - Confirm Identity
- All Exams
  - All exams summary
  - Current exams
    - 501 Medical Examination
      - Confirm identity
      - Past medical history
      - Basic questions
      - Detailed questions
      - Review exam details
      - Classification and Examiner Declaration
    - 502 Chest X-ray Examination
      - Pregnancy declaration
      - Confirm identity
      - Attach X-ray image
      - Chest X-ray findings
      - Review exam details
      - Examiner Declaration
    - 603 Respiratory specialist investigation on current state of tuberculosis
    - 607 Continued anti-tuberculosis treatment
    - 709 Other STDs
    - 710 Metabolic Lipids
    - 712 Syphilis test (VDRL or RPR)
    - 713 Gonorrhea
    - 714 Hansen's Disease
    - 719 TB screening test – TST or IGRA
    - 951 Vaccinations
    - 106 Mental Health report

501 Medical Examination: Past medical history

Answer 'No' to all

Record Medical History *(Past or present)*

General

Illness or injury requiring hospitalization *(including psychiatric)* * Not selected / No / Yes

Cardiology

Hypertension * 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

Diagnosed *(dd-mm) yyyy*	Treatment completed *(dd-mm) yyyy*
Jun 2019	Sep 2019
Feb 2020	Mar 2020
*	

Not selected / No / Yes

Anatomic site of disease *

Treatment * Not selected / No / Current / Started but not finished / Completed

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

Contact's Name *
Contact's case or Alien number, if known
Applicant's relationship to Contact * Select an Option
Provide details *
Date contact ended 20Jun2015
Type of source case TB * Select an Option

Psychiatry

Psychological/Psychiatric Disorder *(including major depression, bipolar disorder, schizophrenia, gender dysphoria, delusional disorder, etc.)* * 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 disorder involving a substance on the Controlled Substances Act (CSA) * Not selected / No / Yes
Substance use or substance induced disorder involving a substance 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, mental disorder, or influence of alcohol or drugs * Not selected / No / Yes
Ever had thoughts of harming yourself * Not selected / No / Yes
Ever acted on those thoughts * Not selected / No / Yes
Ever had thoughts of harming others * Not selected / No / Yes
Ever acted on those thoughts * Not selected / No / Yes

Neurology

History of stroke Not selected / No / Yes
Seizure disorder Not selected / No / Yes

Obstetrics

Pregnant, on the day of exam? Not selected / No / Yes
Estimated Delivery Date * 25Jun2012
LMP
Fundal Height (in cm) *
Fundal height assessment * Not selected / Normal / Abnormal / Not Assessed
Previous live births: * None
Birth dates: * Dd Mmm yyyy / Dd Mmm yyyy / Dd Mmm yyyy

Sexually Transmitted Diseases

Disease	Other STD	Previous treatment	Treatment Date (mm-yyyy)	Treatment received	Other Treatment
Syphilis	-	Yes	Sep 2016	Benzathine Penicillin	-
Select an Option		Select an Option		Select an Option	

Gonorrhea
Syphilis
Chlamydia
Trichomoniasis
Herpes
Other

Yes
No
Yes, but details not available

If Syphilis
  Benzathine Penicillin
  Other
If Gonorrhea
  Ceftriaxone
  Azithromycin
  Other
Else
  Other

Back | Close | Save | Next

Health Case: 1885501521

Image

CLIENT, Name
<Gender> <Date of Birth>

Group <Group ID>
Pre exam
Health case details
Manage Photo
Confirm Identity
All Exams
All exams summary
Current exams
501 Medical Examination
Confirm identity
Past medical history
Basic questions
Detailed questions
Review exam details
Classification and Examiner Declaration
502 Chest X-ray Examination
Pregnancy declaration
Confirm identity
Attach X-ray image
Chest X-ray findings
Review exam details
Examiner Declaration
603 Respiratory specialist investigation on current state of tuberculosis
607 Continued anti-tuberculosis treatment
709 Other STDs
710 Metabolic Lipids
712 Syphilis test (VDRL or RPR)
713 Gonorrhea
714 Hansen's Disease
719 TB screening test – TST or IGRA
951 Vaccinations
106 Mental Health report

501 Medical Examination: Past medical history

Endocrinology

Diabetes * Not selected No Yes
Thyroid disease * Not selected No Yes

Hematologic/Lymphatic

Anemia * Not selected No Yes
Sickle Cell Disease * Not selected No Yes
Thalassemia * Not selected No Yes
Other hemoglobinopathy * Not selected No Yes

Hansen's Disease

Hansen's Disease History * Not selected No Yes
Diagnosed (*mm yyyy*) * 20 Jun 2015
Treatment completed (*mm yyyy*) * 20 Jun 2015
Current diagnosis or treatment * Not selected No Yes

Other

An abnormal or reactive HIV blood test * Not selected No Yes
Diagnosed *(mm-yyyy)* *
Malignancy * Not selected No Yes
Specify
Kidney or Bladder disease * Not selected No Yes
Chronic liver disease *(Including hepatitis B or C)* * Not selected No Yes
Food or drug allergies * Not selected No Yes
Specify
Other medical conditions requiring treatment * Not selected No Yes
Specify
Disabilities (including loss of arms or legs) * Not selected No Yes
Specify

Current medications *(List all current medications)* Not selected No Yes

Short term = Less than 6 months
Medium term = 6-12 months
Long Term = More than 12 months

Name of Medication	Expected Time to Take Medication
Panadol	Short term = Less than 6 months
*	* Select an option

Previous surgeries *(List all previous surgeries including but not limited to those related to other health conditions, heart disease, pregnancy, or elective surgeries to attempt to change male traits to female and vice versa.))*

Surgery
Gall Bladder removal

Doctor declaration

Applicant appears to be providing truthful information * Not selected No Yes
Specify

Back Close Save Next

Health Case: 1885501521

Image

CLIENT, Name
<Gender> <Date of Birth>

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

501 - Basic Questions: Record results

Basic Questions

Exam Date *

Height and Weight

Height * (In centimeters)

Weight * (In kilograms)

Body Mass Index (BMI)

Blood Pressure

Initial blood pressure

Systolic *

Diastolic *

Pulse *

Vital signs

Temperature * (In °C)

Respiratory rate * (/ min)

Eyes

Visual acuity testing at 6 meters * ○ Not selected ◉ Uncorrected ○ Corrected ○ No

Uncorrected

Left eye: * 6/36

Right eye: * 6/24

Back | Close | Save | Next

Health Case: 1885501521

Image

CLIENT, Name
<Gender> <Date of Birth>

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

501 Medical Examination: Detailed questions

Answer 'No' to all

All systems

General appearance	*	Not selected / Normal / Abnormal
Nutritional status (including acute wasting and or chronic stunting malnutrition)	*	Not selected / Normal / Abnormal
Heart *(S1, S2, murmur, rub)*	*	Not selected / Normal / Abnormal
Provide details	*	
Lungs	*	Not selected / Normal / Abnormal
Nervous system: Sequalae of stroke or cerebral palsy, other neurological disabilities	*	Not selected / Normal / Abnormal
Abdomen *(including liver, spleen)*	*	Not selected / Normal / Abnormal
Musculoskeletal system *(including gait)*	*	Not selected / Normal / Abnormal
Extremities (including pulses, edema)	*	Not selected / Normal / Abnormal
Hematologic	*	Not selected / Normal / Abnormal

Brain and cognition

Mental status *(including mood, intelligence, perception, thought processes, and behavior during examination)*	*	Not selected / Normal / Abnormal

Eyes, ears, nose, throat and mouth

Eyes	*	Not selected / Normal / Abnormal
Nose, mouth and throat *(include dental)*	*	Not selected / Normal / Abnormal
Hearing and ears	*	Not selected / Normal / Abnormal

Miscellaneous

Skin	*	Not selected / Normal / Abnormal
Lymph nodes	*	Not selected / Normal / Abnormal
Tattoos, Scars and Markings:	*	Not selected / Yes / No

USA only

Submit a photograph of all tattoos, scars and markings and include here a description of the image or scar and where it is located on the body.

Description of tattoo	Location on body
Heart with arrow and the word 'Mum'	Left bicep
Swastika	Right calf
*	

Back | Close | Save | Next

Health Case: 1885501521

Image

CLIENT, Name
<Gender> <Date of Birth>

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

501 Medical Examination: Classification and Examiner Declaration

Provide Classification

Complete the 501 Medical Examination. If you have completed the exam and you are ready to provide the Classification, press the 'Prepare for Classification' button

Prepare for classification

Classification

☐ **Class A Conditions**

- ☐ Tuberculosis disease (1A1)
- ☐ Syphilis, untreated (1A1)
- ☐ Gonorrhea, untreated (1A1)
- ☐ Hansen's Disease, untreated multibacillary or paucibacillary (1A1)
- ☐ Any physical or mental disorder, 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**

Tuberculosis

- ☐ B0 TB, Pulmonary
- ☐ B1 TB, Pulmonary
- ☑ B1 TB, Extrapulmonary

Anatomic site of disease: Oesophageal

Treatment: ○ Not selected ○ No ○ Current ◉ Started but not finished ○ Completed

- ☐ B2 TB: LTBI evaluation

LTBI treatment * ◉ Not selected ○ No ○ Current ○ Started but did not finish ○ Completed

Treated by Panel Physician * ◉ Not selected ○ No ○ Yes

LTBI regimen * Select an Option

Details *

Treatment started *

Treatment ended

- ☑ B3 TB: Contact Evaluation

Preventative treatment * ◉ Not selected ○ No ○ Window prophylaxis

Prophylaxis Regime * Select an Option

Details *

Treatment started *

Treatment ended

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

Hansen's Disease

- ☐ Treated multibacillary
- ☐ Treated paucibacillary

- ☐ Any physical or mental disorder, 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 Controlled Substances Act

☐ **Class B Other** *(Specify or give details from worksheets. In addition, for any Class B conditions, you must remark on the likely degree of disability or the need for extensive medical care or institutionalization.)*

Details * Mandatory if ticked

☐ **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

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

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

Examiner declaration

☐ I attest that I performed this examination, have reviewed all test results, and that the medical classification is correct in accordance with the Centers for Disease Control and Prevention's Technical Instructions for panel physicians.
I further attest that I have a current panel physician agreement with the Department of State.

Completed by <Doctor's name>
Date of declaration <Today's date>

Back | Close | Save | Submit Exam

Health Case: 1885501521

Image

CLIENT, Name
<Gender> <Date of Birth>

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

502 Chest X-ray Examination: Pregnancy Declaration

Pregnancy, current — Not selected / No / Yes

Estimated delivery date *(mm-dd-yyyy)* 25Jun2012

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

'Client 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 finalised.
Do you want to continue?'

Client does not wish to undergo the X-ray examination. The examination will be put on hold, and must be completed before the health case can be finalised.

Back | Close | Save | Next

Health Case: 1885501521

Image

CLIENT, Name
<Gender> <Date of Birth>

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

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

Attach x-ray images

Date of x-ray *

Attachments

Link to existing ? Add new ?

Delete	Document type	Details	Attachment type	Sending method	File name	Edit

Back Close Save Next

Health Case: 1885501521

Image

CLIENT, Name
<Gender> <Date of Birth>

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

502 Chest X-ray Examination: Findings

Record results

Exam date *

Findings * Not selected Normal Abnormal

Mark all that apply

Suggests Tuberculosis *(will require Smears and Cultures)*

- 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

Ticking any of these causes the 603 exam to be added

Smears and Cultures not required

- Cardiac
- Musculoskeletal
- Other

Generates Class B Other

- 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)

Required

Remarks

Back | Close | Save | Next

Health Case: 1885501521

Image

CLIENT, Name
<Gender> <Date of Birth>

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

502 Chest X-ray Examination: Examiner Declaration

Prepare for Declaration

<variable text according to exam status>

General supporting comments

Prepare for Declaration

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

Edit Exam

Examiner declaration

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

Completed by <Radiologist's name>
Date of declaration <Today's date>

Back | Close | Save | Submit Exam | Next

Health Case: 1885501521

Image
CLIENT, Name
<Gender> <Date of Birth>

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

Australian
US ✓

603 Respiratory specialist investigation on current state of tuberculosis: Record results

Record results

Exam date *

Exam description

Investigation required to determine the current status regarding tuberculosis. 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),
-Previous chest x-rays for comparison. Reports can be submitted if images available are not digital,
-Reports of all chest x-rays performed,
-Previous reports regarding any treatment of tuberculosis.

Sputum Smears and Cultures

Sputum Collection Site * <List of associated Pathology clinics>

Sputum Smear and Culture Laboratory * <List of associated Pathology clinics>

Specimen type * Select an option

Sputum
Bronchial Lavage Fluid
Gastric Aspirate
Stool

Sputum, BLF, and GA require AFB Smears/cultures plus molecular
Stool only require molecular

AFB Smear Results

Date specimen obtained	Date smear results reported	Result
* 20 Mar 2010	* 15 Apr 2010	* Select an Option
* 20 Mar 2010	* 15 Apr 2010	* Select an Option
* 20 Mar 2010	* 15 Apr 2010	* Select an Option

Culture Results

Date specimen obtained	Date culture results reported	Result
* 20 Mar 2010	* 15 Apr 2010	* Select an Option
* 20 Mar 2010	* 15 Apr 2010	* Select an Option
* 20 Mar 2010	* 15 Apr 2010	* Select an Option

Only displayed if one or more positive culture result obtained

☐ Recording of Laboratory Tests is complete

Clinical diagnosis of TB? * Not selected Yes No

Culture-based (phenotypic) Drug susceptibility tests

Method of DST * Select an option

Date specimen obtained *

Date results reported *

Drug Susceptibility Test Laboratory * <List of associated Pathology clinics>

Required for first-line DST

Isoniazid *	Not selected	Susceptible	Resistant
Rifampin *	Not selected	Susceptible	Resistant
Ethambutol *	Not selected	Susceptible	Resistant
Pyrazinamide *	Not selected	Susceptible	Resistant
Fluoroquinolone	Not selected	Susceptible	Resistant

Specify *

Second-line DST *

Information
At a minimum, second-line DST must include testing for the classes of drugs to be used for the infectious tuberculosis disease treatment regimen.

Ethionamide	Not selected	Susceptible	Resistant
Amikacin	Not selected	Susceptible	Resistant
Capreomycin	Not selected	Susceptible	Resistant

Other Drug(s)	Finding
<Other drug name>	Not selected Susceptible Resistant
	Not selected Susceptible Resistant

GeneXpert MTB/RIF Ultra
Cobas MTB/RIF *(Not for Stool)*
HAIN Line Probe Assay (LPA) *(Not for Stool)*
Genotype NTBDRPplus *(Not for Stool)*
Other

Molecular Testing / Stool Molecular Testing

Molecular Test Type * Select an Option

Specify *

Date specimen obtained	Date of final result	Mycobacteruim Tuberculosis	Rifampin resistance	Isoniazid resistance
dd Mmm yyyy	dd Mmm yyyy	Not Detected	Indeterminate	Detected
		Select an Option	Select an Option	Select an Option

If Stool Molecular Testing
3 consecutive samples required
If 'positive'
Sputum Smear and Culture required
Else
1 sample required

Detected
Indeterminate
Not Detected

Molecular DST

Used in addition? * Not selected Yes No

Molecular Test Type * Select an Option

Specify *

Date specimen obtained *

Date DST reported *

Xpert XDR
Genotype MTBDRsi
Other

Drug tested	Specify	Resistance
Isoniazid		Detected or Inferred
Select an Option		Select an Option

Detected or Inferred
Not Detected or Not Inferred
Indeterminate

Isoniazid
Fluoroquinolone
Amikacin
Kanamycin
Capreamycin
Ethionamide
Other

Attachments

Link to existing Add new

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

General Supporting Comments

Back Close Save Next

607 US Continued anti-tuberculosis treatment: Record results

Health Case: 1885501521

Image

CLIENT, Name
<Gender> <Date of Birth>

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

Australian

US ✓

Confirm identity

Was the applicant's identity confirmed? * (•) Not selected ( ) Yes ( ) No

Record results

Exam date *

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

Treatment

Medication	Dosage	Start Date	End Date
Isoniazid (TB2HRZE)	2.4 MU	20 Mar 2010	20 Mar 2011
* 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 * 20Jun2017

Findings suggestive of TB? * (•) Not selected ( ) No ( ) Yes

Findings present *

Suggests Tuberculosis

- ☐ Infiltrate or consolidation
- ☐ Reticular markings suggestive of fibrosis
- ☐ Cavitary lesion
- ☐ Nodule(s) 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

Does not suggest Tuberculosis

- ☐ Cardiac
- ☐ Musculoskeletal
- ☐ Other
- ☐ 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)

Required

Remarks

Interpreted by <Radiologist's name>

Date radiograph interpreted * 23Jun2017

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

Sputum Smears and Cultures

Sputum Collection Site * <List of associated Pathology clinics>

Sputum Smear and Culture Laboratory * <List of associated Pathology clinics>

Specimen type * Select an option

Sputum
Bronchial Lavage Fluid
Gastric Aspirate
Stool

Sputum, BLF, and GA require AFB Smears/cultures plus molecular
Stool only require molecular

AFB Smear Results

Date specimen obtained	Date smear results reported	Result
* 20 Mar 2010	* 15 Apr 2010	* Select an Option
* 20 Mar 2010	* 15 Apr 2010	* Select an Option
20 Mar 2010	15 Apr 2010	Select an Option

Culture Results

Date specimen obtained	Date culture results reported	Result
* 20 Mar 2010	* 15 Apr 2010	* Select an Option
* 20 Mar 2010	* 15 Apr 2010	* Select an Option
20 Mar 2010	15 Apr 2010	Select an Option

☐ Recording of Laboratory Tests is complete

Clinical diagnosis of TB? * (•) Not selected ( ) Yes ( ) No

Culture-based (phenotypic) Drug susceptibility tests

Method of DST * Select an option

Date specimen obtained *

Date specimen reported *

Drug Susceptibility Test Laboratory * <List of associated Pathology clinics>

Required for first-line DST

Isoniazid *	(•) Not selected	( ) Susceptible ( ) Resistant
Rifampin *	(•) Not selected	( ) Susceptible ( ) Resistant
Ethambutol *	(•) Not selected	( ) Susceptible ( ) Resistant
Pyrazinamide *	(•) Not selected	( ) Susceptible ( ) Resistant
Fluoroquinolone	(•) Not selected	( ) Susceptible ( ) Resistant

Specify *

Second-line DST *

Information

At a minimum, second-line DST must include testing for the classes of drugs to be used for the infectious tuberculosis disease treatment regimen.

Ethionamide	(•) Not selected	( ) Susceptible ( ) Resistant
Amikacin	(•) Not selected	( ) Susceptible ( ) Resistant
Capreomycin	(•) Not selected	( ) Susceptible ( ) Resistant

Other Drug(s)	Finding
<Other drug name>	( ) Not selected ( ) Susceptible (•) Resistant
	(•) Not selected ( ) Susceptible ( ) Resistant

GeneXpert MTB/RIF Ultra
Cobas MTB/RIF *(Not for Stool)*
HAIN Line Probe Assay (LPA) *(Not for Stool)*
Genotype NTBDRPplus *(Not for Stool)*
Other

Molecular Testing / Stool Molecular Testing

Molecular Test Type * Select an Option

Specify *

Date specimen obtained	Date of final result	Mycobacteruim Tuberculosis	Rifampin resistance	Isoniazid resistance
dd Mmm yyyy	dd Mmm yyyy	Not Detected	Indeterminate	Detected
		Select an Option	Select an Option	Select an Option

If Stool Molecular Testing
3 consecutive samples required
If 'positive'
Sputum Smear and Culture required
Else
1 sample required

Detected
Indeterminate
Not Detected

Attachments

General Supporting Comments

Back | Close | Save | Next

Health Case: 1885501521

Image

CLIENT, Name
<Gender> <Date of Birth>

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

709 Other STDs: Record results

Record results

Exam date *

Exam description: Record Laboratory Results for other Sexually Transmitted Diseases

Was laboratory testing performed * Not selected / No / Yes

Other STD Laboratory *

STD Screening	Test name	Date result reported	Result
Hepatitis B (Blood)	<test_name>	15 Jun 2026	Negative
Select an Option			Select an Option

Hepatitis B (Blood)
Herpes (HSV-1/HSV-2 (Blood)
Chlamydia (Urine)
Trichomoniasis (Urine)
HIV / AIDs
Other STD

Positive
Negative

Attachments

General Supporting Comments

Back | Close | Save | Next

Health Case: 1885501521

Image

CLIENT, Name
<Gender> <Date of Birth>

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

710 Metabolic Lipids: Record results

Record results

Exam date *

Exam description: Record Laboratory Results for Metabolic Lipids

Was laboratory testing performed? * Not selected / No / Yes

Metabolic Lipid Laboratory *

Test Name *

Date Result Reported *

Lipid Panel	Result (Mg / DL)
Total Cholesterol *	
Tryglycerides *	
HDL (High-Density Lipoprotein) *	
LDL (Low-Density Lipoprotein) *	

Attachments

General Supporting Comments

Back | Close | Save | Next

Health Case: 1885501521

Image

CLIENT, Name
<Gender> <Date of Birth>

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

712 Syphilis test (VDRL or RPR): Record results

Record results

Exam date *

Exam description: Syphilis testing and results are required

Was laboratory testing performed? * Not selected / No / Yes

Syphilis Laboratory *

Test name	Date result reported	Result	Titer
Screening		Select an Option	
Confirmatory		Select an Option	

Reactive
Non-reactive

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

Therapy *

Dose *

First dose *

Second dose

Third dose

Treated by Panel Physician? * Not selected / No / Yes

Attachments

General Supporting Comments

Back | Close | Save | Next

Health Case: 1885501521

Image

CLIENT, Name
<Gender> <Date of Birth>

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

713 Gonorrhea: Record results

Record results

Exam Date * 20Jun2015

Exam description Record testing and treatment for Gonorrhea

Was laboratory testing performed? * (•) Not selected ( ) No ( ) Yes

Gonorrhea Laboratory *

Screening

Date result reported *

Test name * Select an Option

'Other' test name *

Gonorrhea test result * (•) Not selected ( ) Positive ( ) Negative

Applicant treated? * (•) Not selected ( ) No ( ) Yes

Treatment

Medication	Dose	Start Date	End Date
Ceftrioxone	2.4 MU	20 Mar 2010	20 Mar 2011
* Select an Option		*	* *

[ ] * Recording of Treatment is complete

Attachments

General Supporting Comments

Back | Close | Save | Next

Health Case: 1885501521

Image

CLIENT, Name
<Gender> <Date of Birth>

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

714 Hansen's Disease: Record results

Record results

Exam Date * 20Jun2015

Exam description Record diagnosis and treatment for Hansen's Disease

Initial Diagnosis

Test name *

Date result reported * 20Jun2015

Result * Not selected | Positive | Negative

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

Year of diagnosis * 2005

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

Treatment

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

Treated by panel physician? * Not selected | No | Yes

Referred for treatment? * Not selected | No | Yes

Referral facility *

Medication	Dose	Start Date	End Date
Clofazamine	2.4 MU	20 Mar 2010	20 Mar 2011
* Select an Option		*	* *

Attachments

General Supporting Comments

Back | Close | Save | Next

Health Case: 1885501521

Image

CLIENT, Name
<Gender> <Date of Birth>

719 TB screening test - TST or IGRA: Record results

Confirm identity

Was the applicant's identity confirmed? (•) Not selected ( ) Yes ( ) No

Record results

Exam Date (date drawn/applied) * 20Jun2015

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

Type of IGRA test: Select an Option (QuantiREFON, T-Spot TB, Otrher)

Result: (•) Not selected ( ) Negative ( ) Indeterminate, Borderline or Equivocal ( ) Positive

Provide details

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

Nil *	
TB antigen 1 *	
TB antigen 2 *	
Mitogen *	

T-Spot (Spot count for each)

Nil Control *	
Panel A *	
Panel B *	
Positive Control *	

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

Test name *	
Nil *	
TB antigen 1 *	
TB antigen 2	
Mitogen *	

General supporting comments

Attachments

Link to existing | Add new

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

Back | Close | Save | Next

Health Case: 1885501521

Image

CLIENT, Name
<Gender> <Date of Birth>

106 Psychatrist's report: Record results

Record results

Exam date *

Exam description: Mental health questions must be answered by panel physician. If applicant is referred to a mental health specialist for further evaluation, panel physician must attach report.

Mental Health Classification * — Not selected / No / Yes

Any physical or mental disorder or substance use disorder of non-controlled substance, such as alcohol * — Not selected / No / Yes

Class A, with harmful behavior (current or likely to recur), list disorder(s) and/or non-controlled substances * — Not selected / No / Yes

Details of disorder *

Class B, without harmful behavior, or with past harmful behavior that is unlikely to recur (or in remission): list disorder(s) and/or non-controlled substances * — Not selected / No / Yes

Details of disorder *

Substance use disorder of specific substance on the Controlled Substances Act * — Not selected / No / Yes

Class A, list substance(s) * — Not selected / No / Yes

Details of substances *

Class B, in remission, list substance(s) * — Not selected / No / Yes

Details of substances *

Testing for abuse of controlled substances and alcohol (Urine)

Was laboratory testing performed? * — Not selected / No / Yes

Other Controlled Substance/Alcohol Laboratory *

Test name *

Date result reported *

Any Substances Detected * — Not selected / No / Yes

Amphetamines *	Not selected	Positive	Inconclusive	Test unavailable
Barbiturates *	Not selected	Positive	Inconclusive	Test unavailable
Benzodiazapines *	Not selected	Positive	Inconclusive	Test unavailable
Cocaine Metabolites / Benzoylecgonine *	Not selected	Positive	Inconclusive	Test unavailable
Cannabis / Maijuana Metabolites *	Not selected	Positive	Inconclusive	Test unavailable
Methadone *	Not selected	Positive	Inconclusive	Test unavailable

Cannabis / Maijuana Metabolites	*	Not selected	Positive	Inconclusive	Test unavailable
Methadone	*	Not selected	Positive	Inconclusive	Test unavailable
Buprenorphine	*	Not selected	Positive	Inconclusive	Test unavailable
Methaqualone	*	Not selected	Positive	Inconclusive	Test unavailable
Opiates	*	Not selected	Positive	Inconclusive	Test unavailable
Phencyclidine	*	Not selected	Positive	Inconclusive	Test unavailable
MDA Analogues	*	Not selected	Positive	Inconclusive	Test unavailable
Alcohol	*	Not selected	Positive	Inconclusive	Test unavailable
Other		Not selected	Positive	Inconclusive	Test unavailable

Attachments

General Supporting Comments

Back Close Save Next

Health Case: 1885501521

Image

CLIENT, Name
<Gender> <Date of Birth>

- Group <Group ID>
- Pre exam
  - Health case details
  - Manage Photo
  - Confirm Identity
- All Exams
  - All exams summary
  - Current exams
    - 501 Medical Examination
      - Confirm identity
      - Past Medical History
      - Basic questions
      - Detailed questions
      - Review exam details
      - Classification and Examiner Declaration
    - 502 Chest X-ray Examination
      - Pregnancy declaration
      - Confirm identity
      - Attach X-ray image
      - Chest X-ray findings
      - Review exam details
      - Examiner Declaration
    - 603 Respiratory specialist investigation on current state of tuberculosis
    - 607 Continued anti-tuberculosis treatment
    - 709 Other STDs
    - 710 Metabolic Lipids
    - 712 Syphilis test (VDRL or RPR)
    - 713 Gonorrhea
    - 714 Hansen's Disease
    - 951 Vaccinations
    - IGRA
    - 951 Vaccinations
    - 106 Mental Health report

951 Vaccinations: Record Results

Record results

Exam Date *

Exam description

Applicant's full vaccination history is required.

Expand recorded only

COVID-19

Astra-Zeneca

Specify 'other' *

Vaccination History

Vaccinations at Panel Site:

Date given	Batch / Lot	Expiry Date	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

Contraindications:

- 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:

Novavax

Etc.

Diphtheria, Tetanus, Pertussis

Polio

Etc.

Vaccination Documentation

Requesting individual waiver based on religious or moral convictions
Applicant declines vaccination
Immigrant Visa applicant requested Adoptee Exemption

Vaccination requirements complete? * Not selected / No / Yes

Reason * Select an Option

- Refugee, follow to join Asylee/Refugee (V92/93) applicant not required to meet vaccination requirements
- K-Visa applicant electing to not be vaccinated at this examination
- Other NIV applicant not required to meet vaccination requirements
- Immigrant Visa or Parolee applicant completed vaccination requirements
- K Visa applicant voluntarily completed vaccination requirements

Determined according to Applicant Category

Remarks

Attachments

Use an existing attachment | Add new

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

Back | Close | Print Vaccination Worksheet | Save | Next

Back | Close | Save | Next