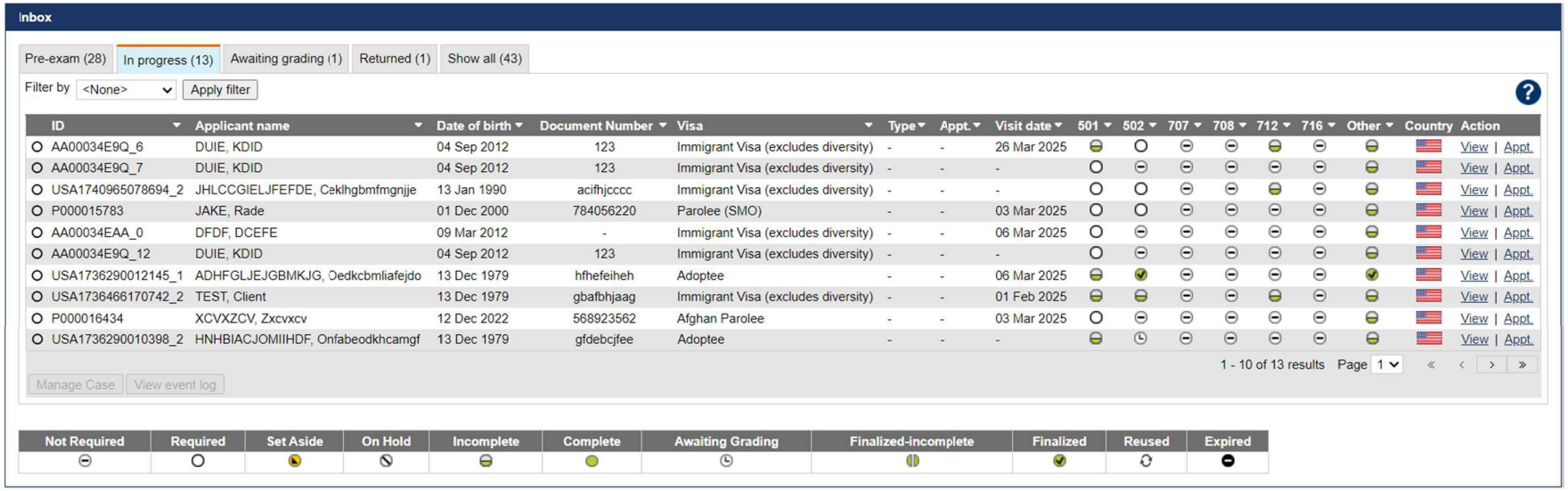
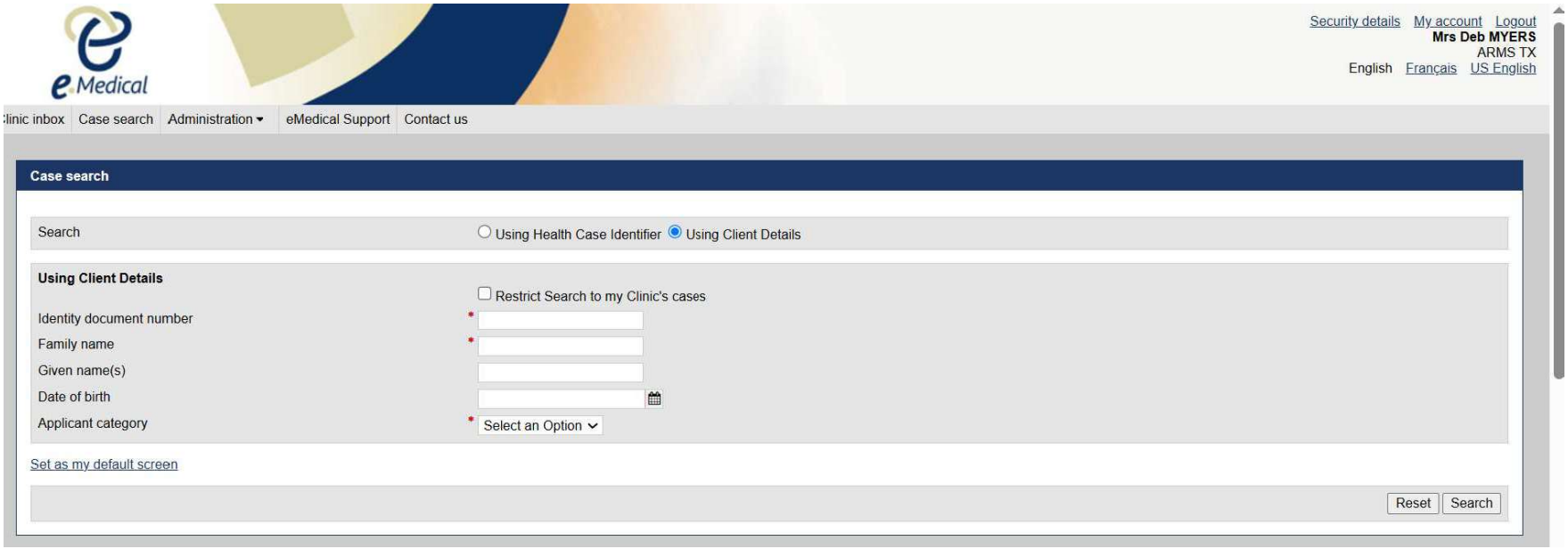
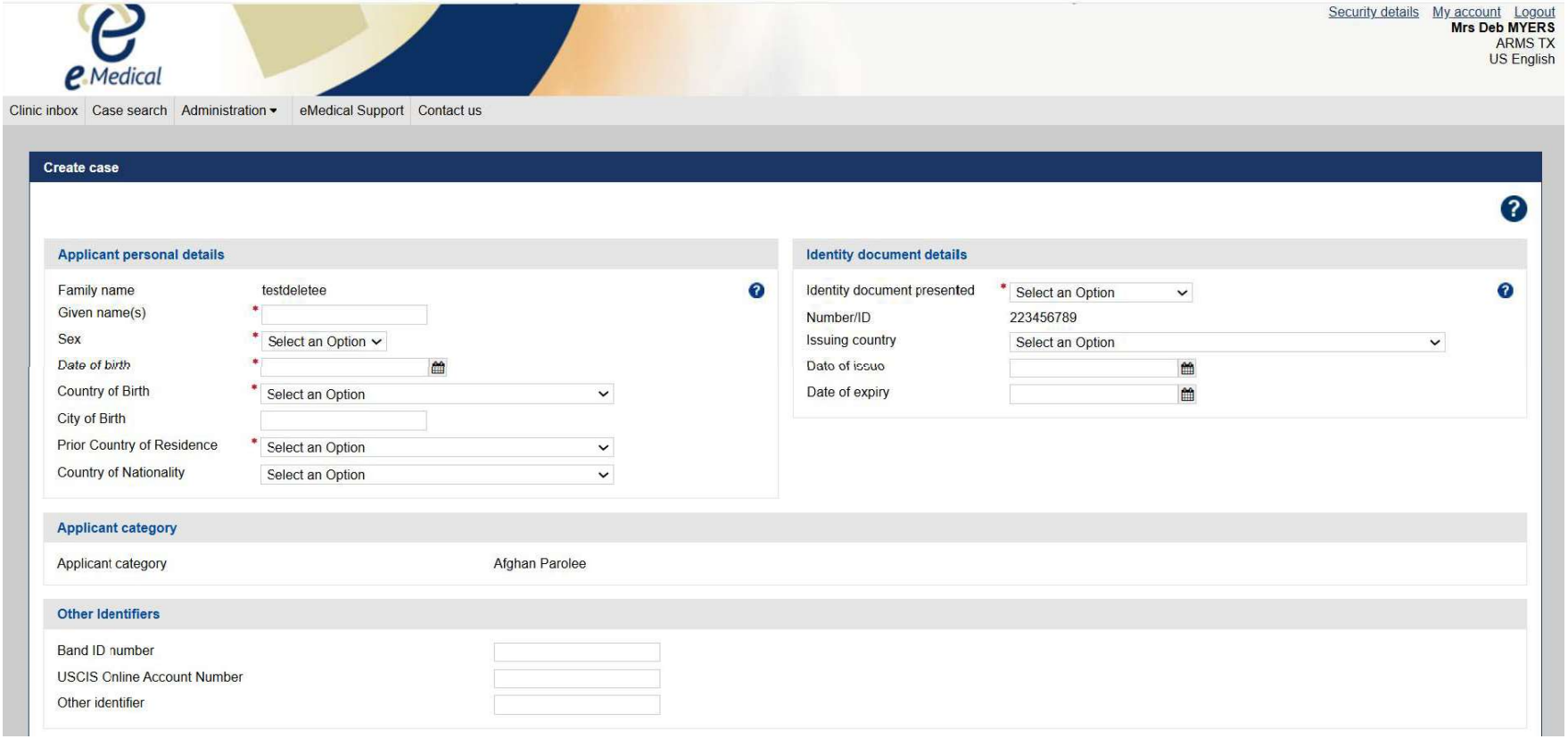
Inbox


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

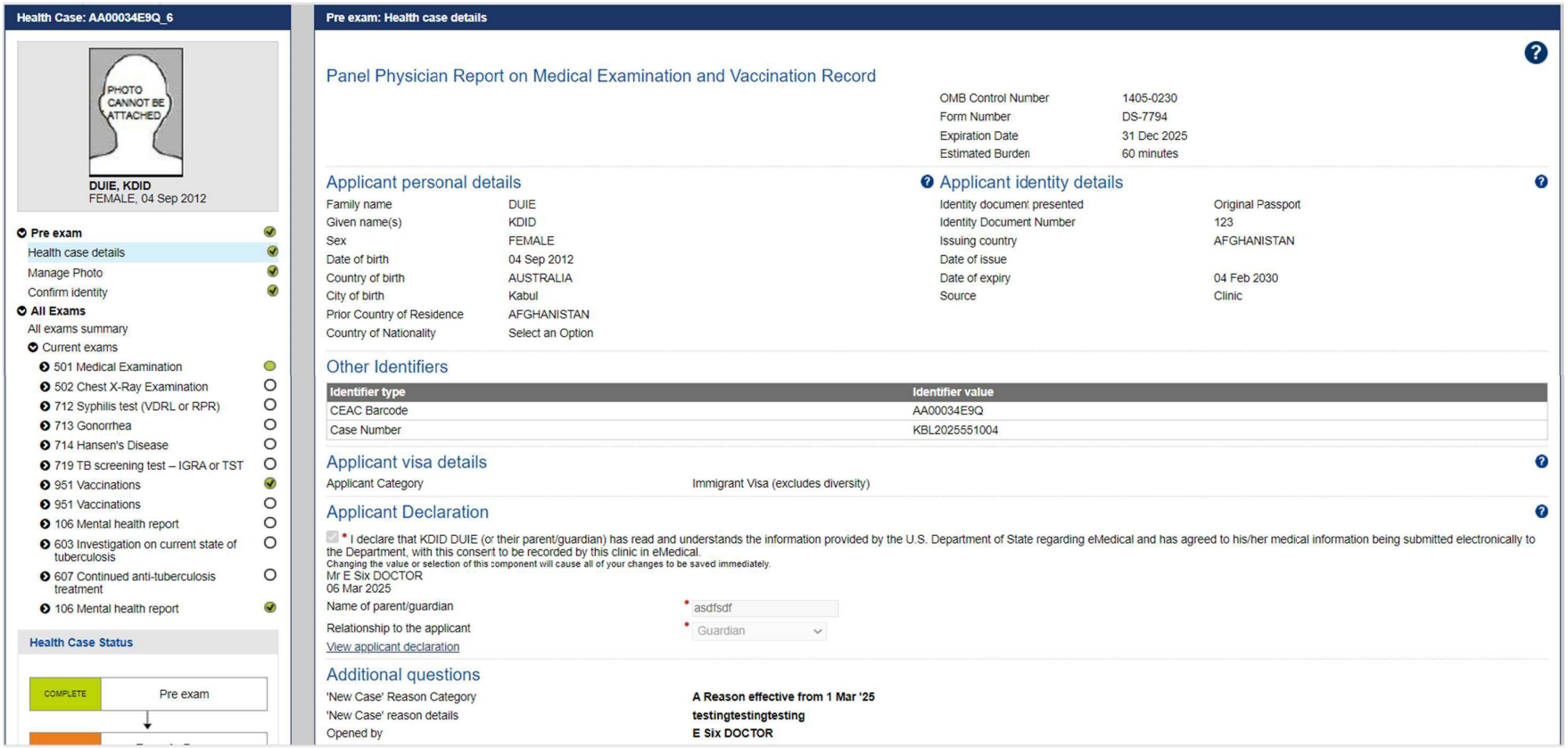
Pre-exam: lookup

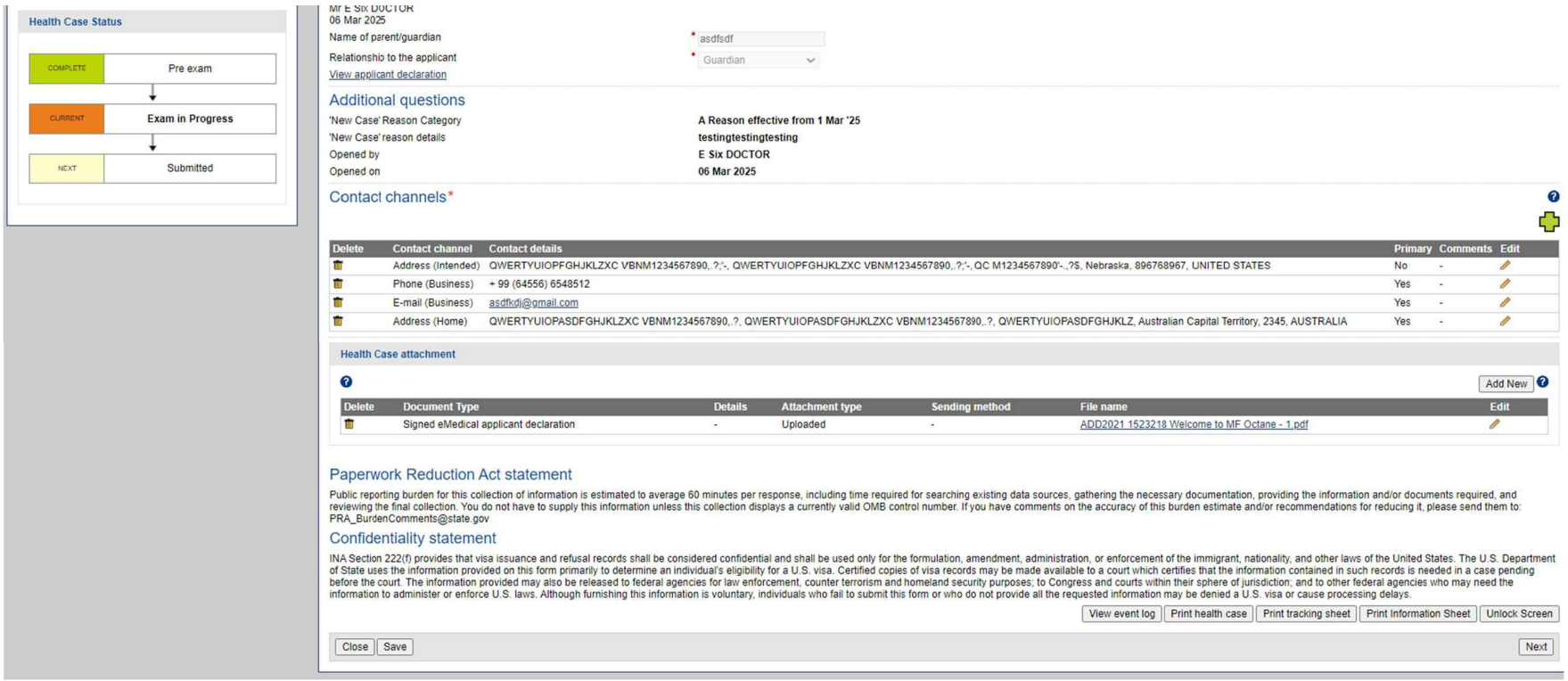


Pre-exam – Manual Entry

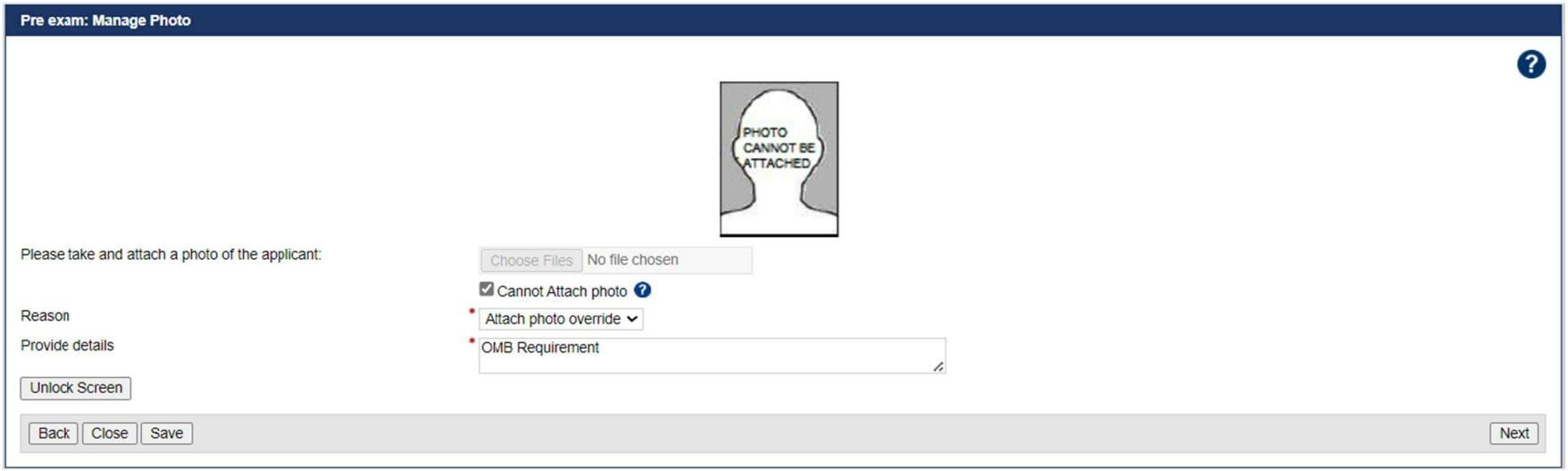


Pre-exam – Health case Details

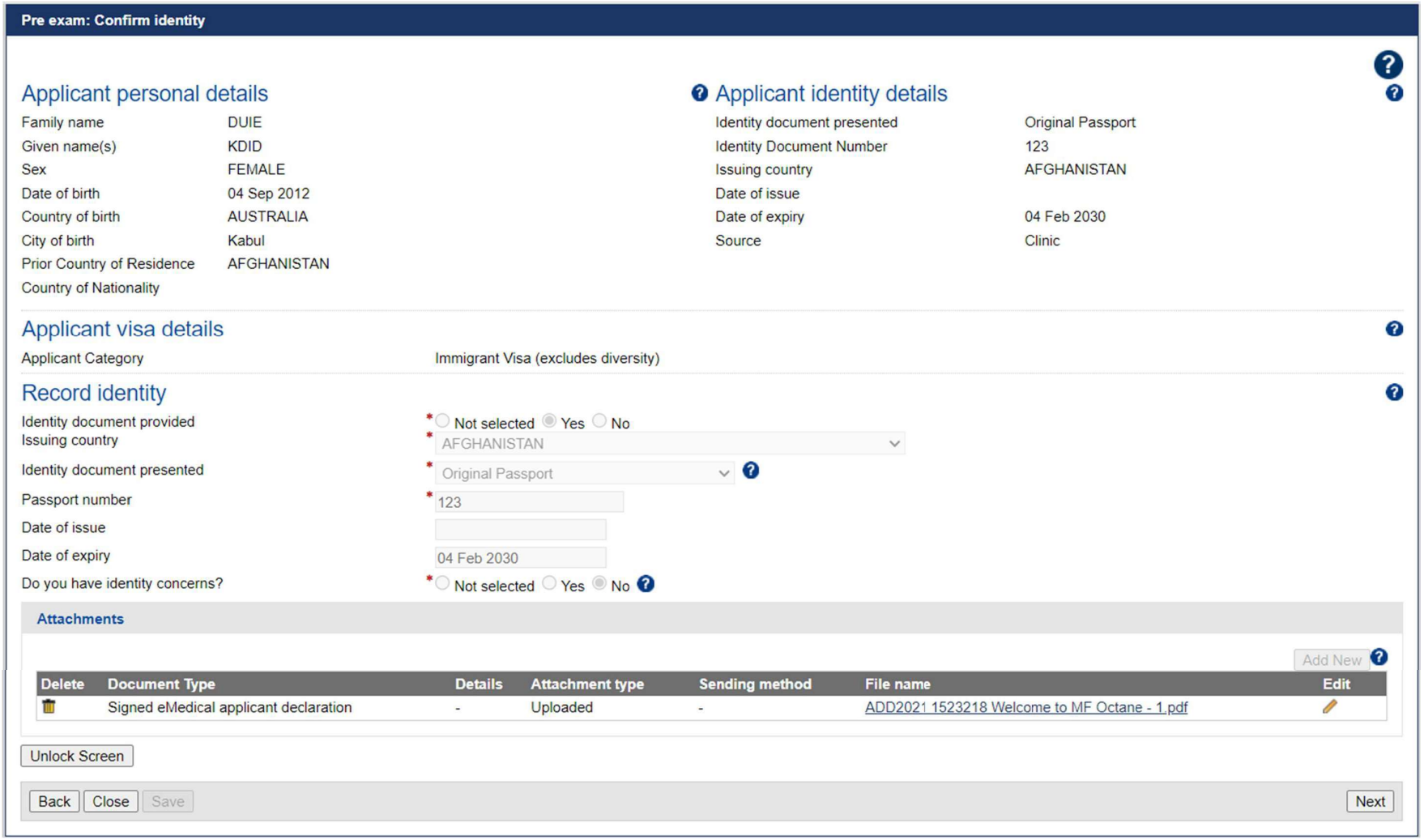



Health Case Status
COMPLETE
Pre exam
CURRENT
Exam in Progress
NEXT
Submitted
Mr E Six DOCTOR
06 Mar 2025
Name of parent/guardian
asdfsdf
Relationship to the applicant
Guardian
View applicant declaration
Additional questions
'New Case' Reason Category
A Reason effective from 1 Mar '25
'New Case' reason details
testingtestingtesting
Opened by
E Six DOCTOR
Opened on
06 Mar 2025
Contact channels*
Delete
Contact channel
Contact details
Primary
Comments
Edit
Address (Intended)
QWERTYUIOPFGHJKLZXC VBNM1234567890,.?;'-, QWERTYUIOPFGHJKLZXC VBNM1234567890,.?;'-, QC M1234567890'-.,?$, Nebraska, 896768967, UNITED STATES
No
-
Phone (Business)
+ 99 (64556) 6548512
Yes
-
E-mail (Business)
asdfkdj@gmail.com
Yes
-
Address (Home)
QWERTYUIOPASDFGHJKLZXC VBNM1234567890,.?, QWERTYUIOPASDFGHJKLZXC VBNM1234567890,.?, QWERTYUIOPASDFGHJKLZ, Australian Capital Territory, 2345, AUSTRALIA
Yes
-
Health Case attachment
Add New
Delete
Document Type
Details
Attachment type
Sending method
File name
Edit
Signed eMedical applicant declaration
-
Uploaded
-
ADD2021 1523218 Welcome to MF Octane - 1.pdf
Paperwork Reduction Act statement
Public reporting burden for this collection of information is estimated to average 60 minutes per response, including time required for searching existing data sources, gathering the necessary documentation, providing the information and/or documents required, and reviewing the final collection. You do not have to supply this information unless this collection displays a currently valid OMB control number. If you have comments on the accuracy of this burden estimate and/or recommendations for reducing it, please send them to: PRA_BurdenComments@state.gov
Confidentiality statement
INA Section 222(f) provides that visa issuance and refusal records shall be considered confidential and shall be used only for the formulation, amendment, administration, or enforcement of the immigrant, nationality, and other laws of the United States. The U.S. Department of State uses the information provided on this form primarily to determine an individual's eligibility for a U.S. visa. Certified copies of visa records may be made available to a court which certifies that the information contained in such records is needed in a case pending before the court. The information provided may also be released to federal agencies for law enforcement, counter terrorism and homeland security purposes; to Congress and courts within their sphere of jurisdiction; and to other federal agencies who may need the information to administer or enforce U.S. laws. Although furnishing this information is voluntary, individuals who fail to submit this form or who do not provide all the requested information may be denied a U.S. visa or cause processing delays.
View event log
Print health case
Print tracking sheet
Print Information Sheet
Unlock Screen
Close
Save
Next

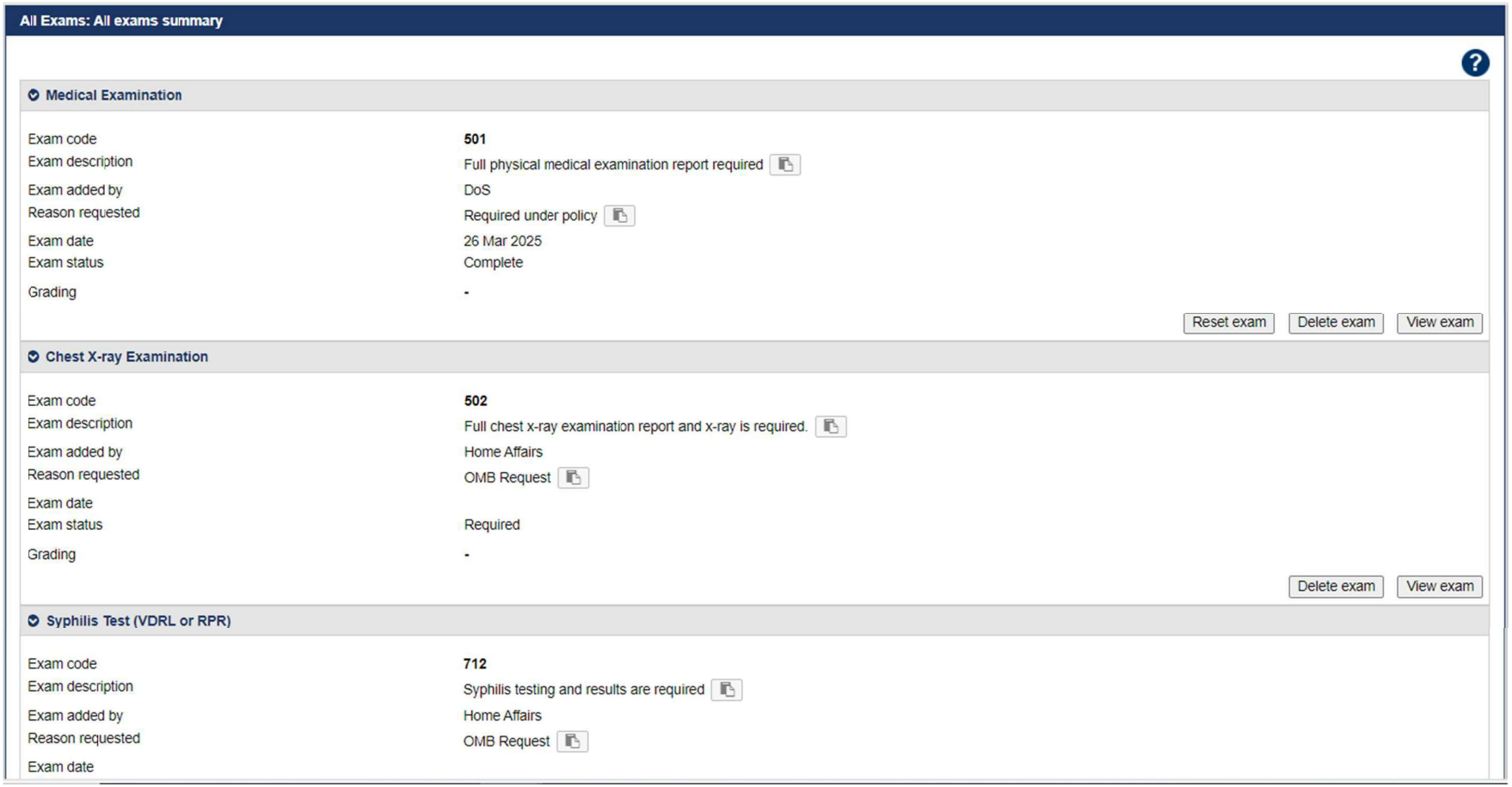
Pre-exam – Manage photo



Pre-exam – Confirm Identity



All exams summary



Gonorrhea

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

Delete exam | View exam

Hansen's Disease

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

Delete exam | View exam

TB Screening test - IGRA or TST

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

Delete exam | View exam

Vaccinations

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

Re-activate exam | View exam

Mental health report

Exam code	**106**
Exam description	Mental health questions must be answered by panel physician. If applicant is referred to a mental health specialist for further evaluation, panel physician must attach report.
Exam added by	Home Affairs
Reason requested	OMB Request
Exam date	
Exam status	Required
Referred to	This exam has not been referred to any clinic.

Delete exam | View exam

Investigation on current state of tuberculosis

Exam code	**603**
Exam description	Investigation required to determine the current status regarding tuberculosis. Please include the following information: - Results of 3 current smears and cultures (sputum samples taken on 3 consecutive working mornings, or other appropriate specimens as clinically indicated) and cultures for Mycobacterium tuberculosis (plus drug susceptibility testing (DST) if cultures are positive), - Reports regarding any previous treatment of tuberculosis - Previous chest x-rays for comparison if available. Reports can be submitted if digital images are not available. - Any additional chest x-ray images not included in the 502 (if applicable)
Exam added by	Home Affairs
Reason requested	OMB Request
Exam date	
Exam status	Required
Referred to	This exam has not been referred to any clinic.

Delete exam | View exam

Continued anti-tuberculosis treatment

Exam code	**607**
Exam description	Positive sputum smears/cultures or commencement of TB treatment advice noted with thanks. Await final report with repeat chest x-ray upon completion of TB treatment.
Exam added by	Home Affairs
Reason requested	OMB Request
Exam date	
Exam status	Required
Referred to	This exam has not been referred to any clinic.

Finalize incomplete | Delete exam | View exam

Mental health report

Exam code	**106**
Exam description	Mental health questions must be answered by panel physician. If applicant is referred to a mental health specialist for further evaluation, panel physician must attach report.
Exam added by	DoS
Reason requested	Required under policy
Exam date	26 Mar 2025
Exam status	Finalized
Exam expiry date	27 Sep 2025
Referred to	E6 USA Satish clinic asdfsdf AFGHANISTAN

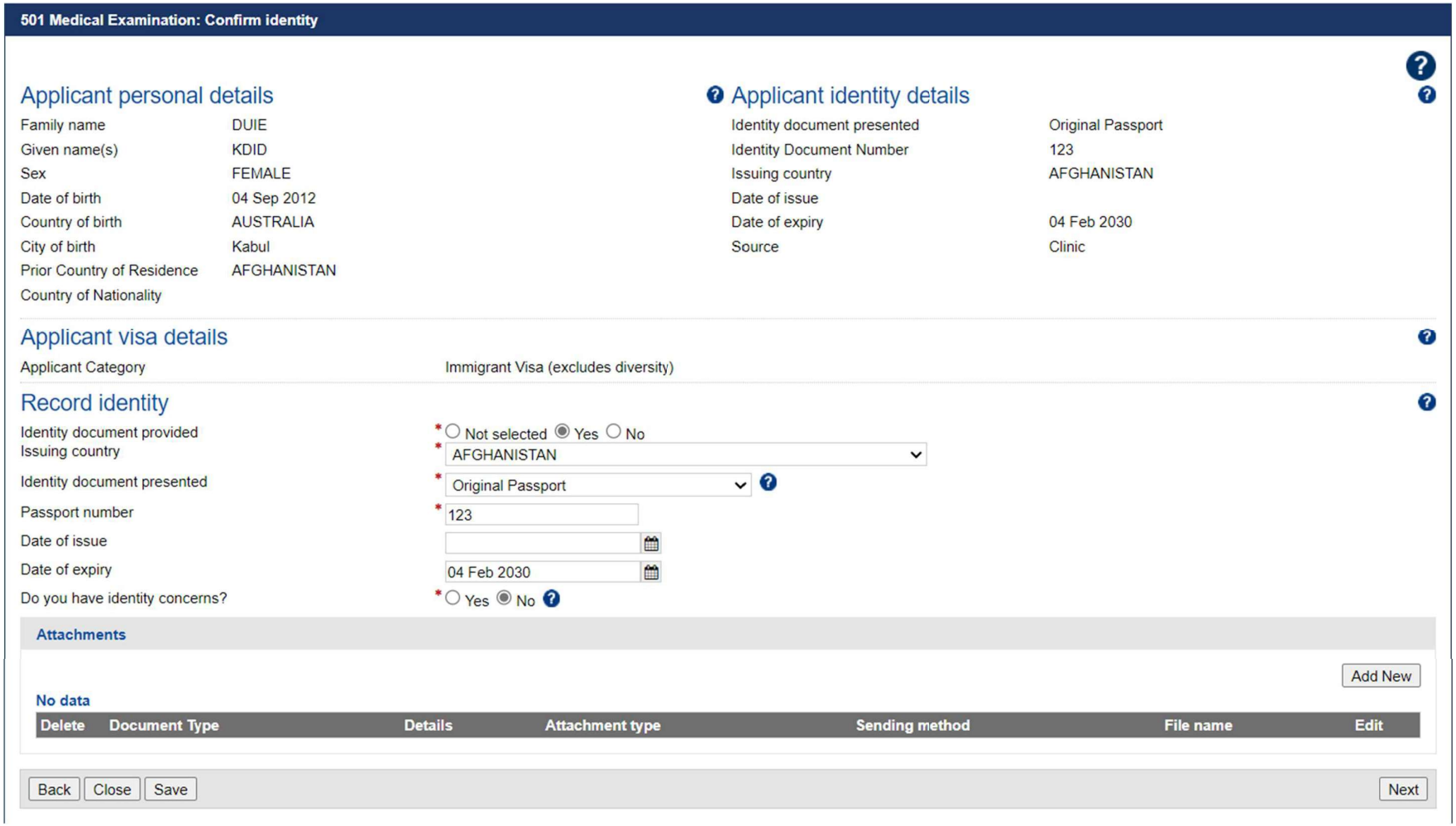
Re-activate exam | View exam

Add exam

Back | Close

501 – Medical Examination

Confirm Identity



501 Medical Examination: Confirm identity

Applicant personal details

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

Applicant identity details

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

Applicant visa details

Applicant Category	Immigrant Visa (excludes diversity)

Record identity

Identity document provided	* ○ Not selected ◉ Yes ○ No
Issuing country	* AFGHANISTAN
Identity document presented	* Original Passport
Passport number	* 123
Date of issue	
Date of expiry	04 Feb 2030
Do you have identity concerns?	* ○ Yes ◉ No

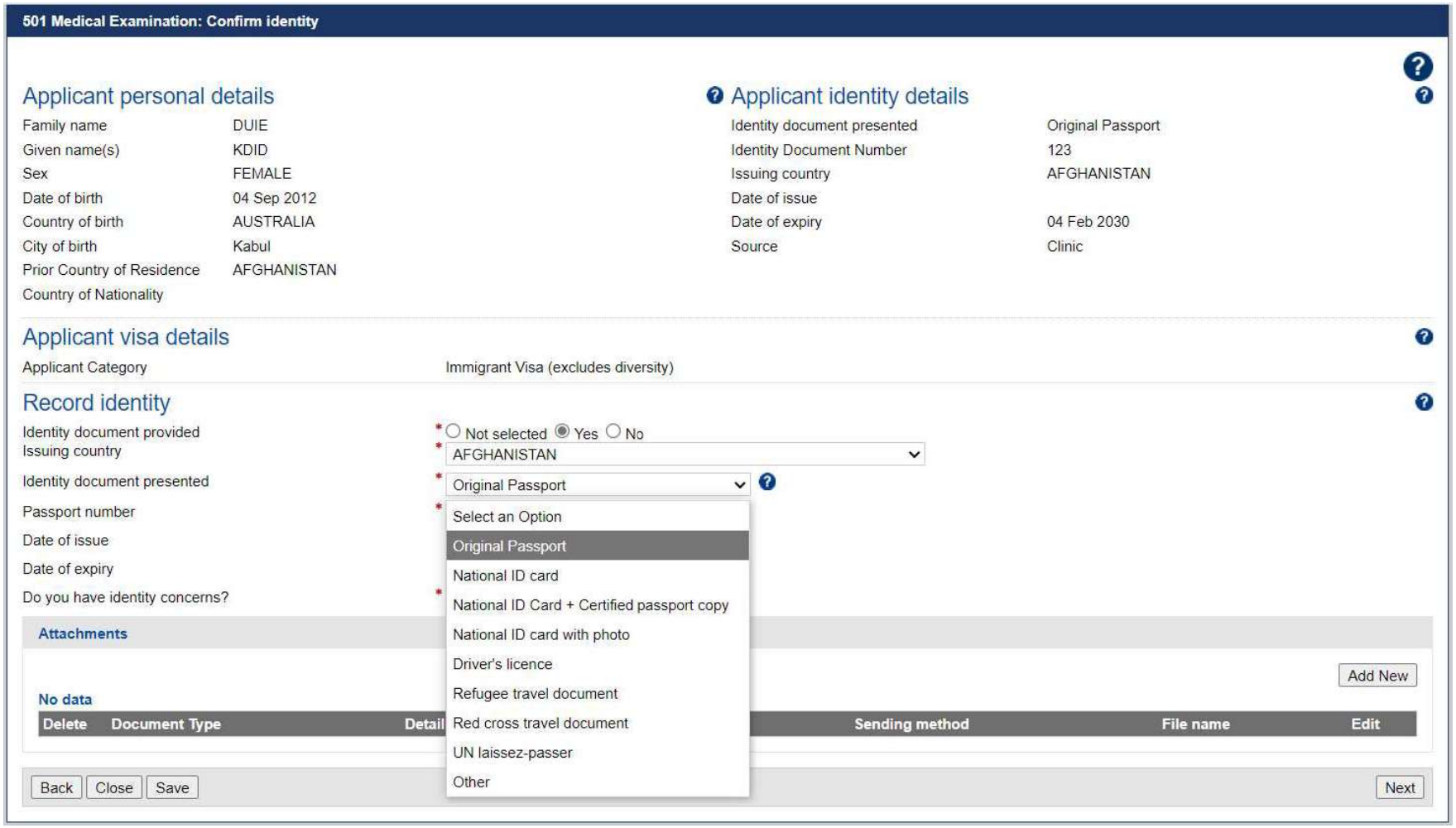
Attachments

Add New

No data

Delete	Document Type	Details	Attachment type	Sending method	File name	Edit

Back | Close | Save | Next


501 Medical Examination: Confirm identity
Applicant personal details
Family name DUIE
Given name(s) KDID
Sex FEMALE
Date of birth 04 Sep 2012
Country of birth AUSTRALIA
City of birth Kabul
Prior Country of Residence AFGHANISTAN
Country of Nationality
Applicant identity details
Identity document presented Original Passport
Identity Document Number 123
Issuing country AFGHANISTAN
Date of issue
Date of expiry 04 Feb 2030
Source Clinic
Applicant visa details
Applicant Category Immigrant Visa (excludes diversity)
Record identity
Identity document provided
Not selected Yes No
Issuing country
AFGHANISTAN
Identity document presented
Original Passport
Passport number
Date of issue
Date of expiry
Do you have identity concerns?
Select an Option
Original Passport
National ID card
National ID Card + Certified passport copy
National ID card with photo
Driver's licence
Refugee travel document
Red cross travel document
UN laissez-passer
Other
Attachments
Add New
No data
Delete
Document Type
Detail
Sending method
File name
Edit
Back
Close
Save
Next

Medical History

501 Medical Examination: Past Medical History

Record Medical History (Past or present)

Answer 'No' to all | Print medical history

General

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

Cardiology

Hypertension	* Not selected / No / Yes
Congestive heart failure or coronary artery disease	* Not selected / No / Yes
Arrhythmia	* Not selected / No / Yes
Rheumatic heart disease	* Not selected / No / Yes
Congenital heart disease	* Not selected / No / Yes

Pulmonology

Current tobacco use	* Not selected / No / Yes
Former Tobacco use	* Not selected / No / Yes
Asthma	* Not selected / No / Yes
Chronic obstructive pulmonary disease	* Not selected / No / Yes
History of Tuberculosis	* Not selected / No / Yes
Current Extrapulmonary tuberculosis	* Not selected / No / Yes
Fever	* Not selected / No / Yes
Cough	* Not selected / No / Yes
Night sweats	* Not selected / No / Yes
Weight loss	* Not selected / No / Yes
Signs or symptoms of TB	* Not selected / No / Yes
Recent contact with known TB case	* Not selected / No / Yes

Psychiatry

Psychological/Psychiatric Disorder (including major depression, bipolar disorder or schizophrenia)	* Not selected / No / Yes
Major impairment in learning, intelligence, self-care, memory or communication	* Not selected / No / Yes
Use of substances other than those required for medical reasons	* Not selected / No / Yes
Substance use or substance induced disorders of substances on the Controlled Substances Act (CSA)	* Not selected / No / Yes
Substance use or substance induced disorders of substances not on the CSA (including alcohol)	* Not selected / No / Yes
Ever caused serious injury to others, caused major property damage or had trouble with the law because of medical condition,	* Not selected / No / Yes

Ever had thoughts of harming yourself	* Not selected No Yes
Ever had thoughts of harming others	* 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	*
LMP	
Fundal Height (in cm)	* 0
Fundal height assessment	* Not selected Normal Abnormal Not assessed
Previous live births	* None
Sexually Transmitted Diseases	
Syphilis	* Not selected No Yes
Gonorrhea	* Not selected No Yes
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 hemoglobinopthy	* Not selected No Yes
Hansen's Disease	
Hansens's Disease History	* Not selected No Yes
Current diagnosis or treatment	* Not selected No Yes
Other	
An abnormal or reactive HIV blood test	* Not selected No Yes
Malignancy	* Not selected No Yes

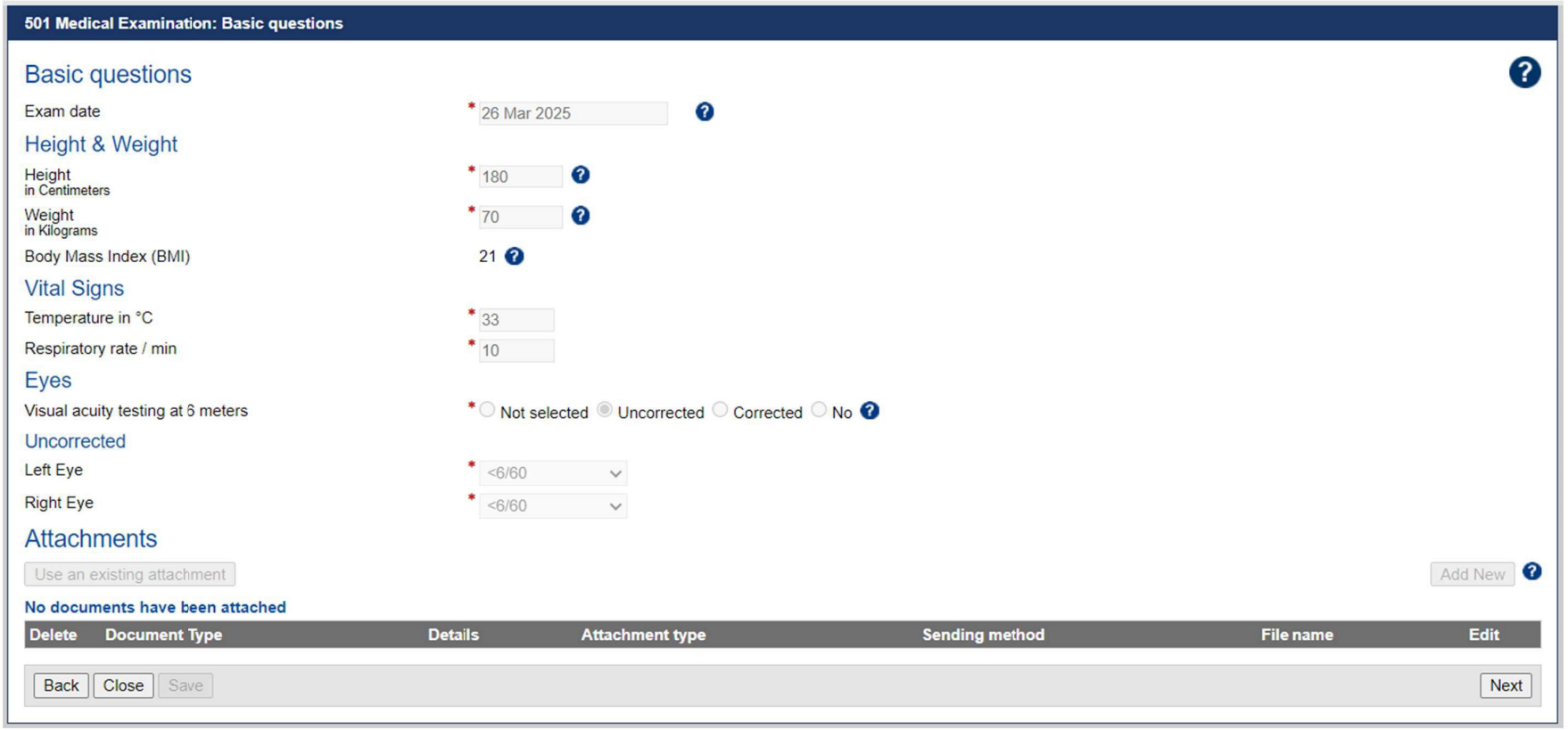
Malignancy	* Not selected No Yes
Kidney or Bladder disease	* Not selected No Yes
Chronic liver disease (including hepatitis B or C)	* Not selected No Yes
Food or drug allergies	* Not selected No Yes
Other medical conditions requiring treatment	* Not selected No Yes
Disabilities (including loss of arms or legs)	* Not selected No Yes
Current medications (List all current medications)	
Previous surgeries (List all previous surgeries)	

Doctor Declaration

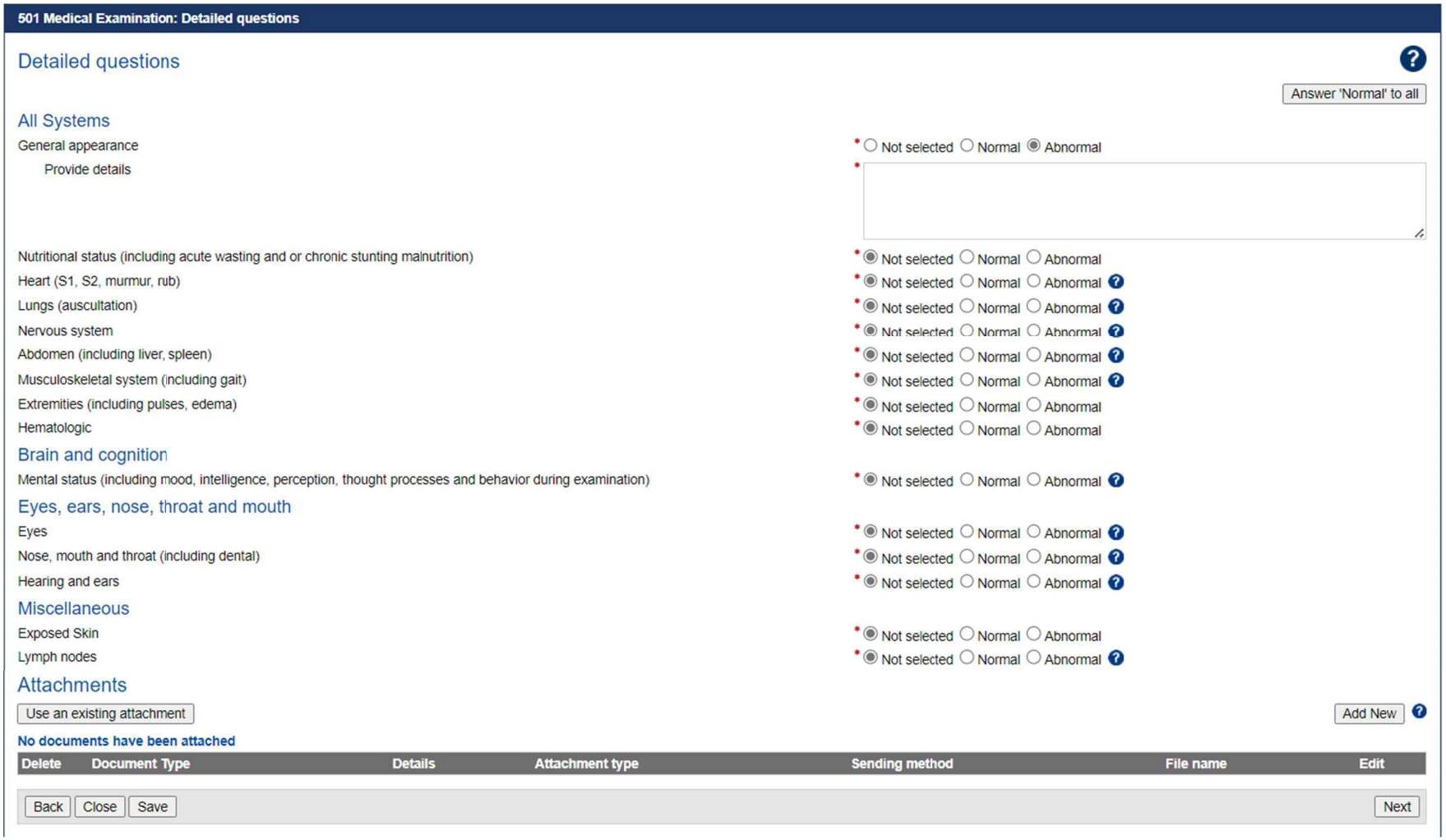
Applicant appears to be providing unreliable or false information	* Not selected No Yes

Back Close Save Next

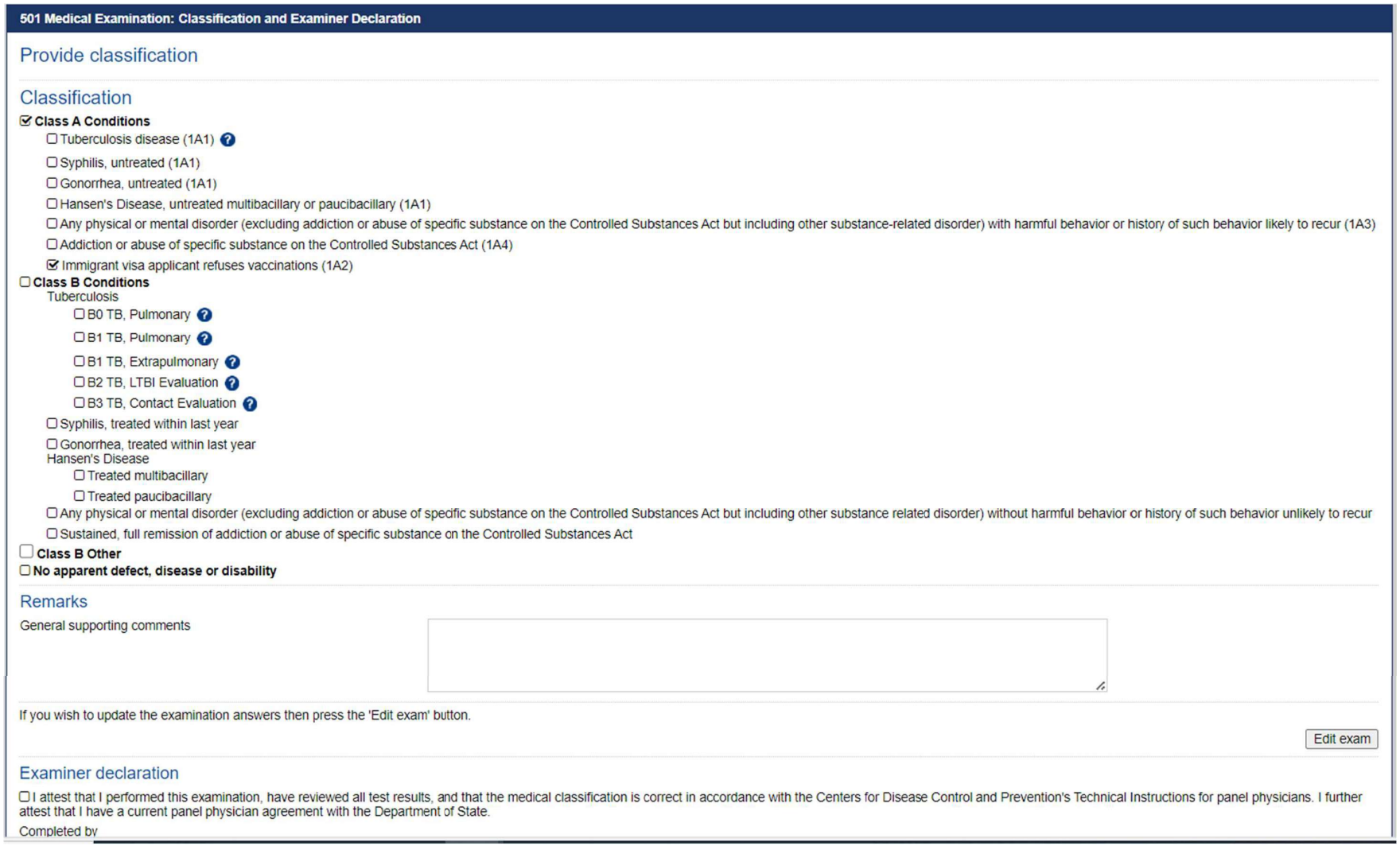
Basic questions



Detailed questions



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

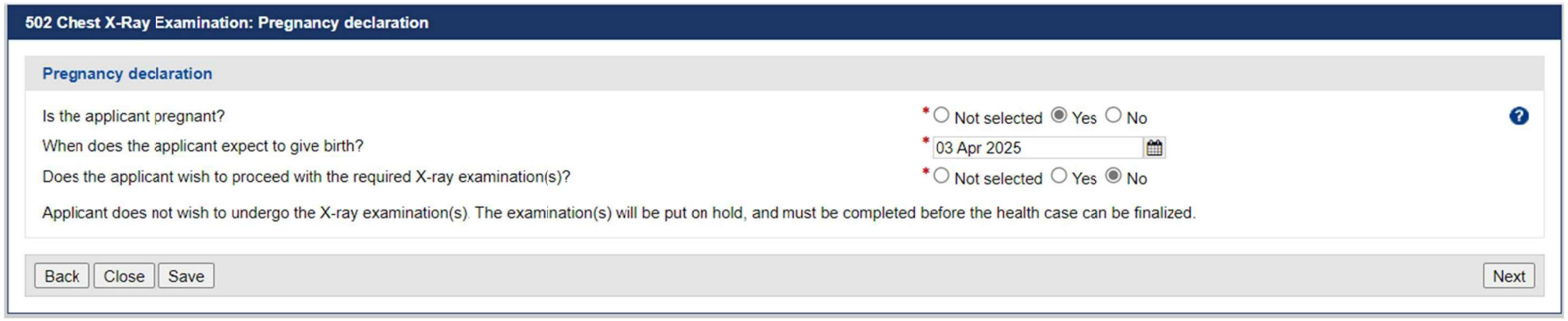
Examiner declaration

☐ 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.

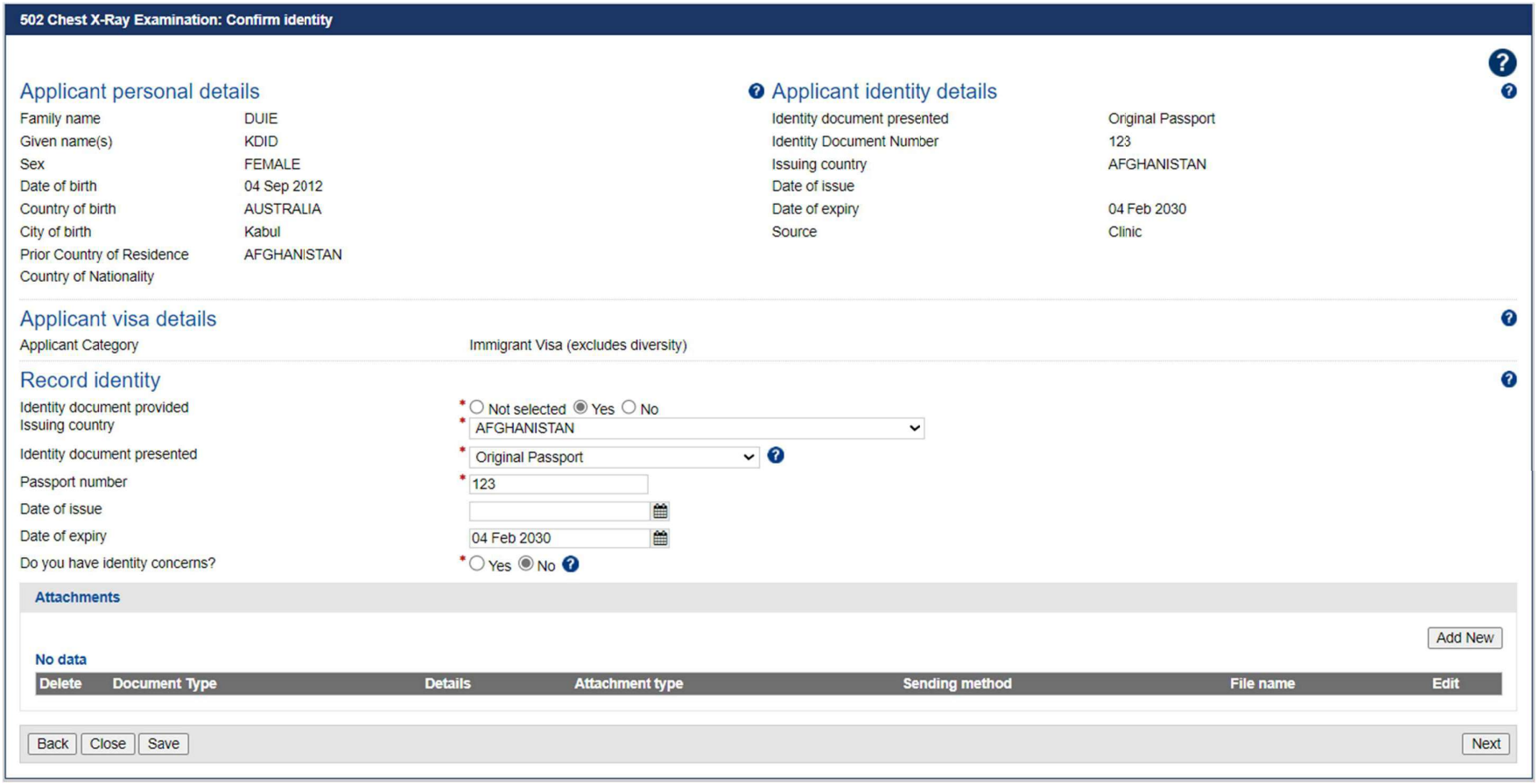
Completed by

502 – Chest X-Ray Examination

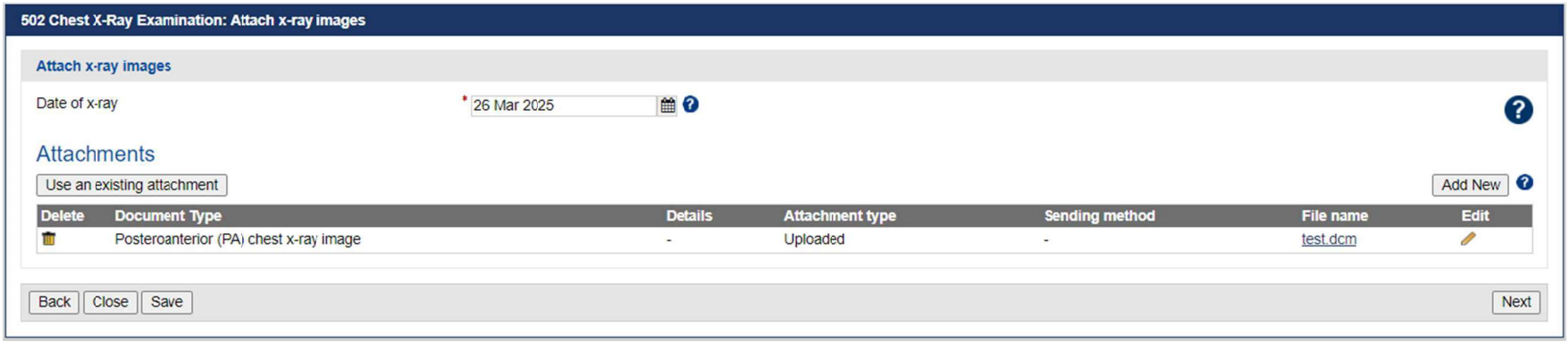
Pregnancy Declaration



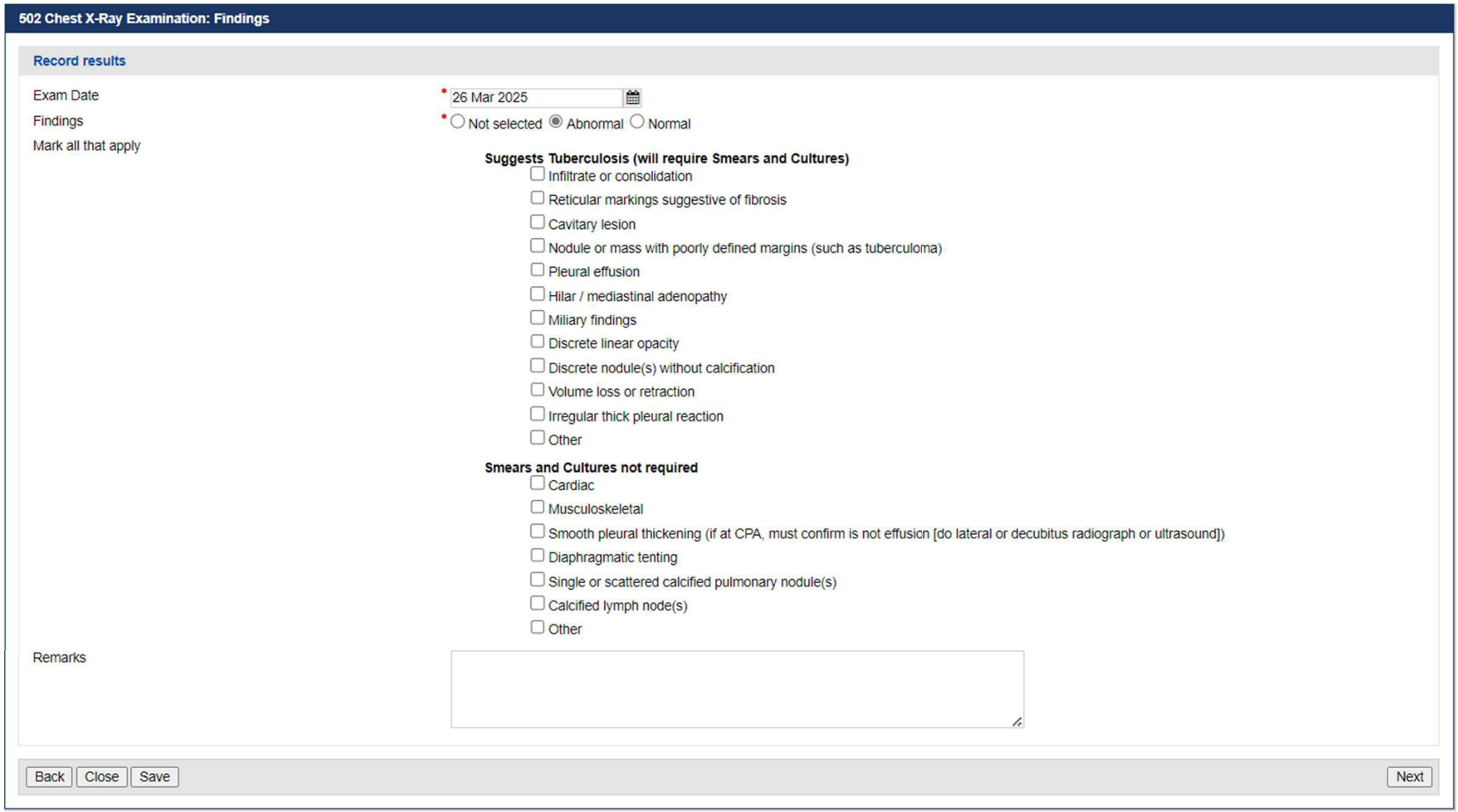
Confirm Identity



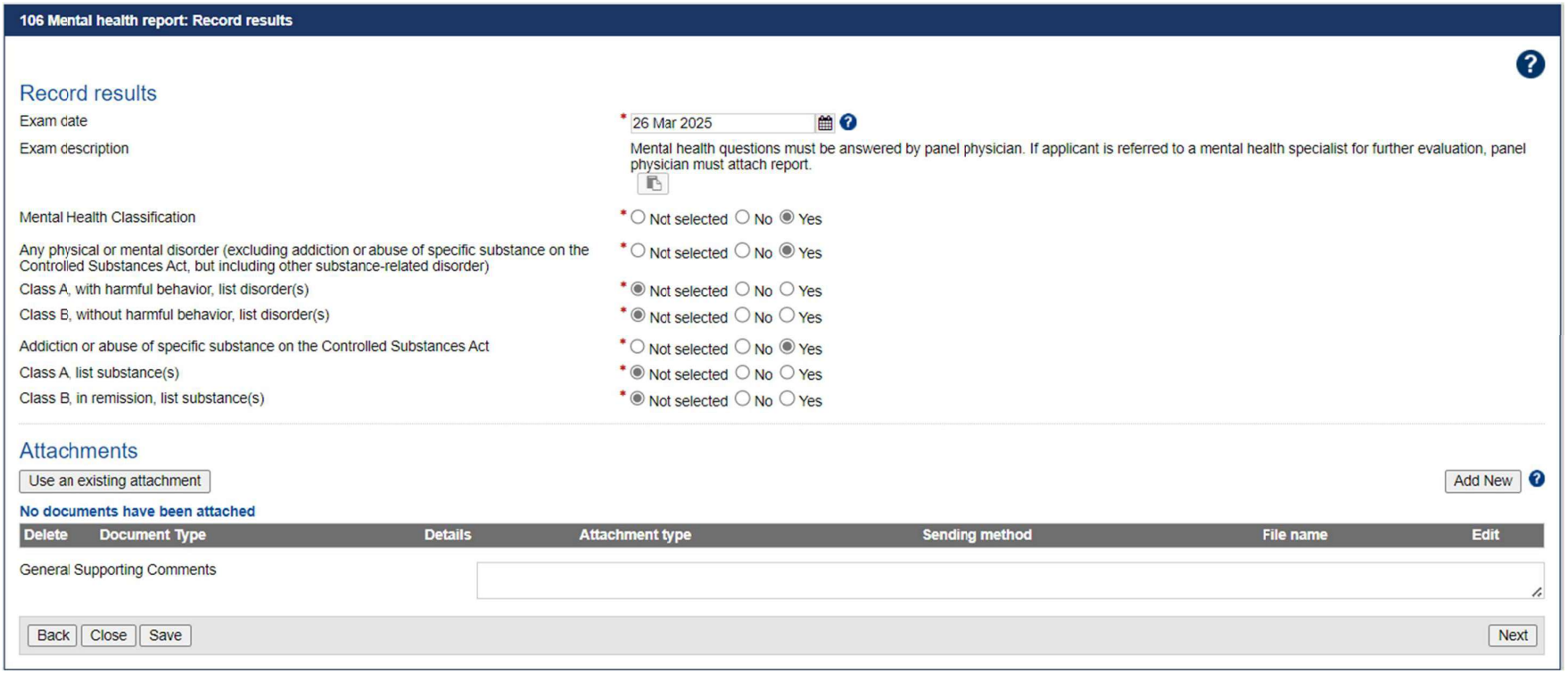
Attach x-ray images



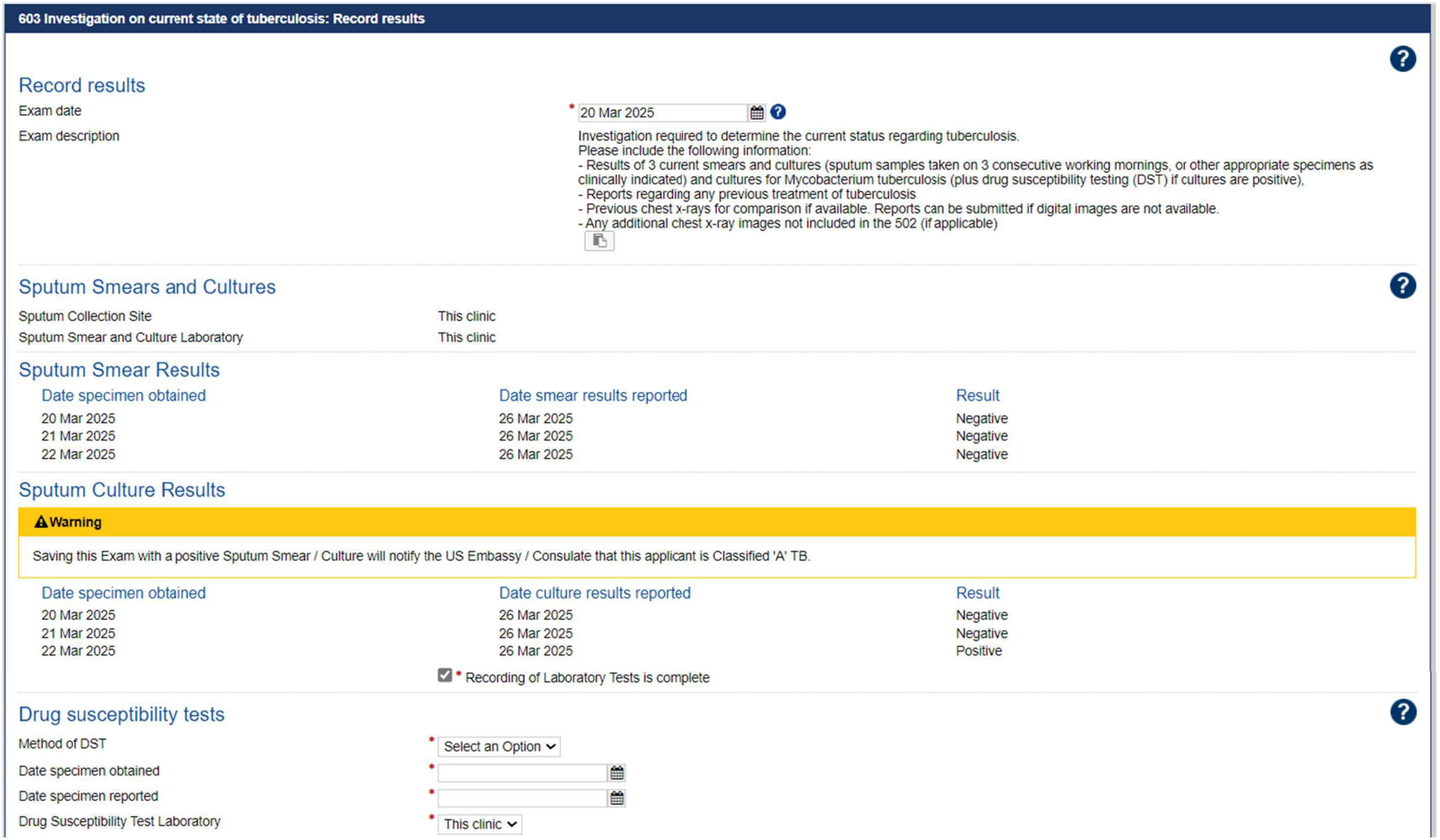
Findings


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
Back
Close
Save
Next

106 – Mental health report



603 – Investigation on current state of tuberculosis



603 Investigation on current state of tuberculosis: Record results

Record results

Exam date: * 20 Mar 2025

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)

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

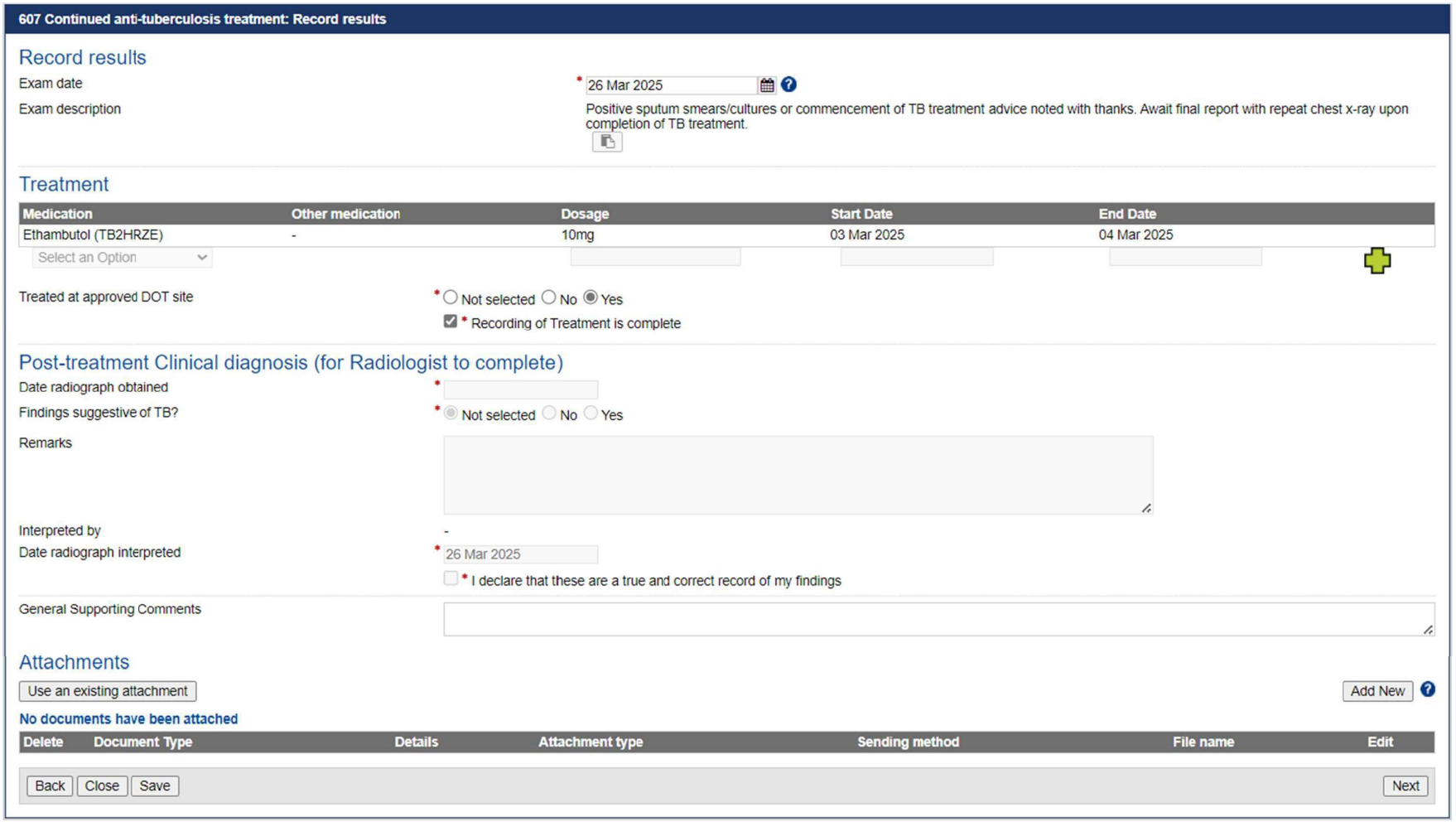
No documents have been attached

Delete	Document Type	Details	Attachment type	Sending method	File name	Edit

General Supporting Comments

Back | Close | Save | Next

607 – Continued anti-tuberculosis treatment



607 Continued anti-tuberculosis treatment: Record results

Record results

Exam date * 26 Mar 2025

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

Treatment

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

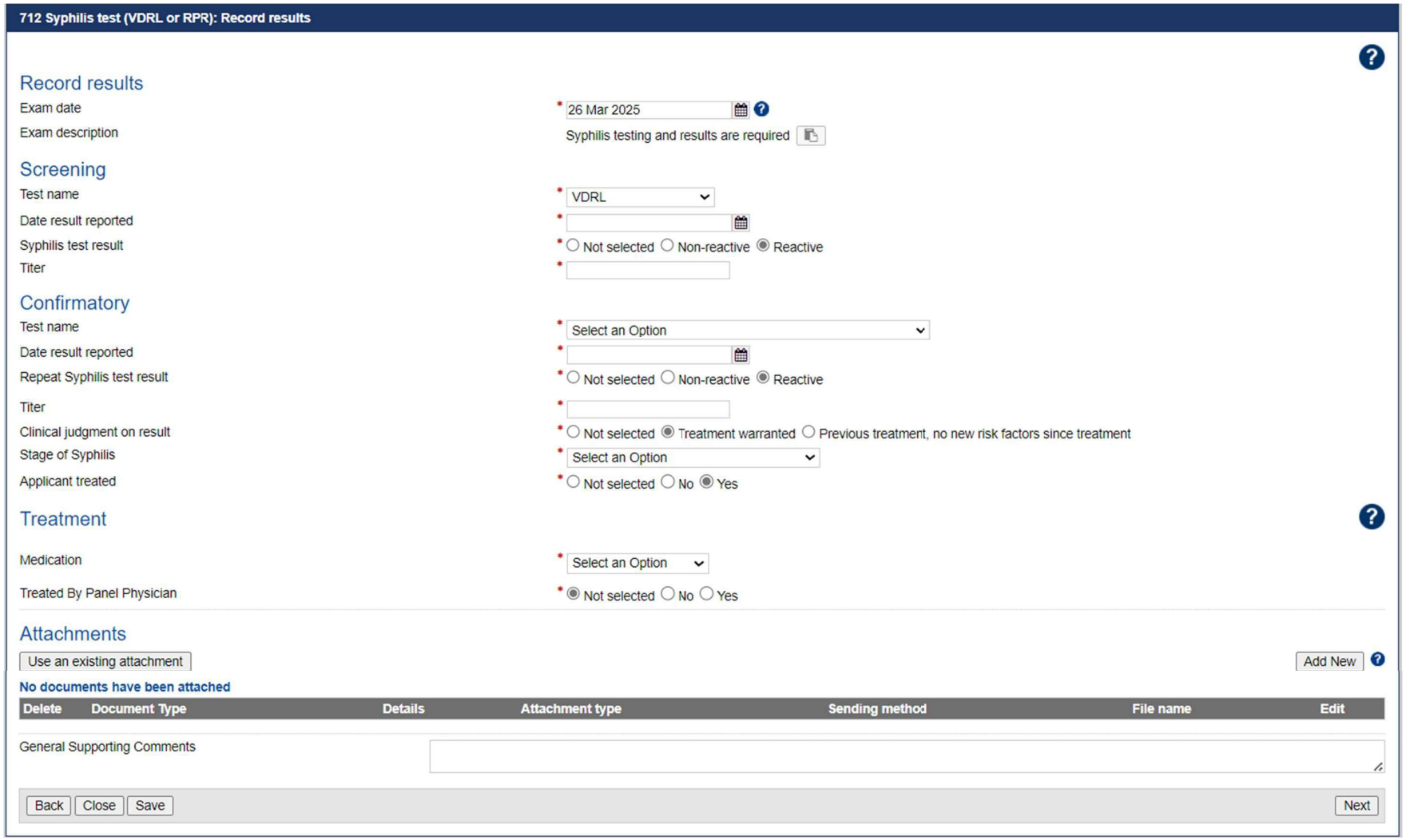
Use an existing attachment | Add New

No documents have been attached

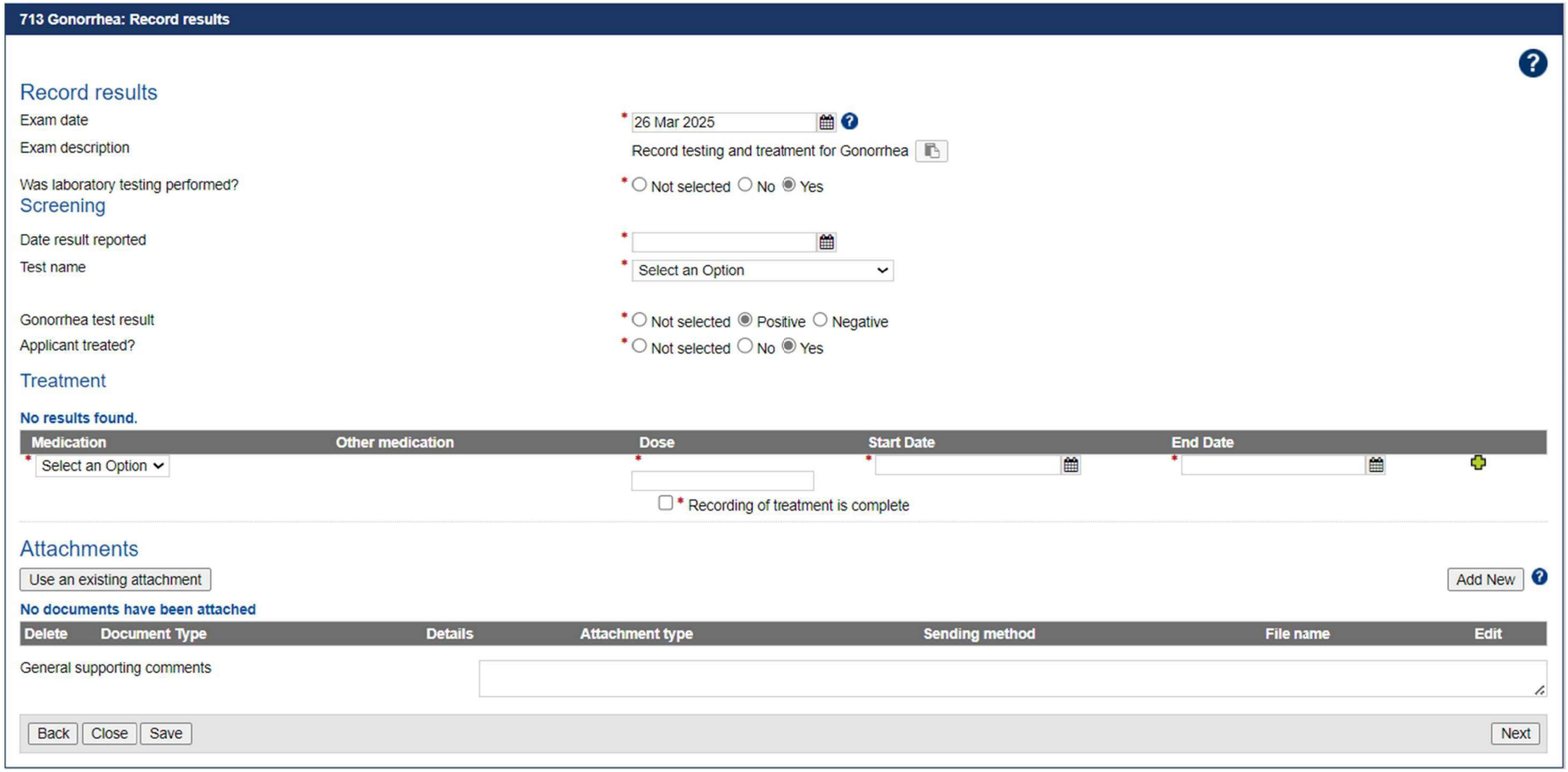
Delete	Document Type	Details	Attachment type	Sending method	File name	Edit

Back | Close | Save | Next

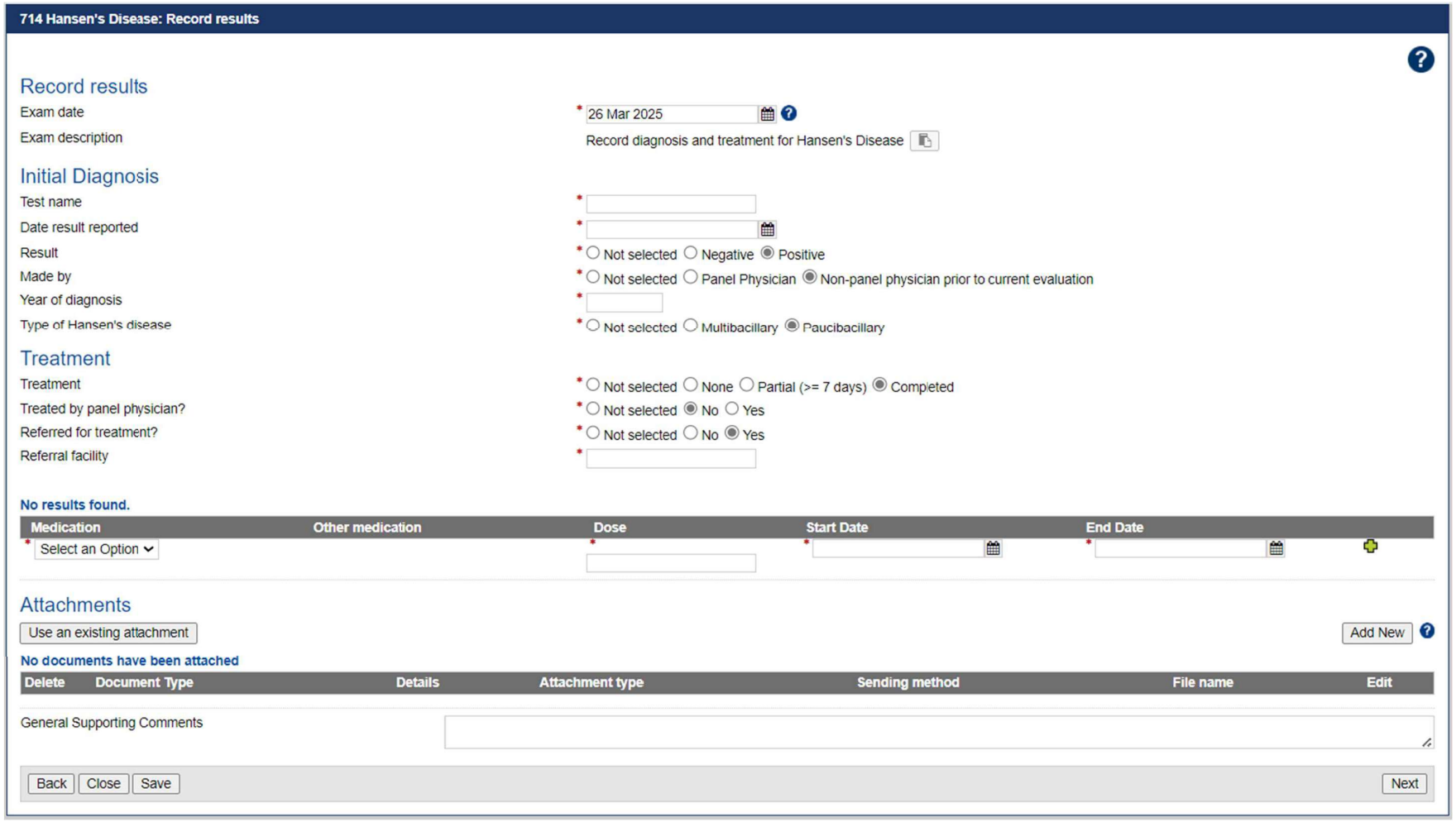
712 - Syphilis



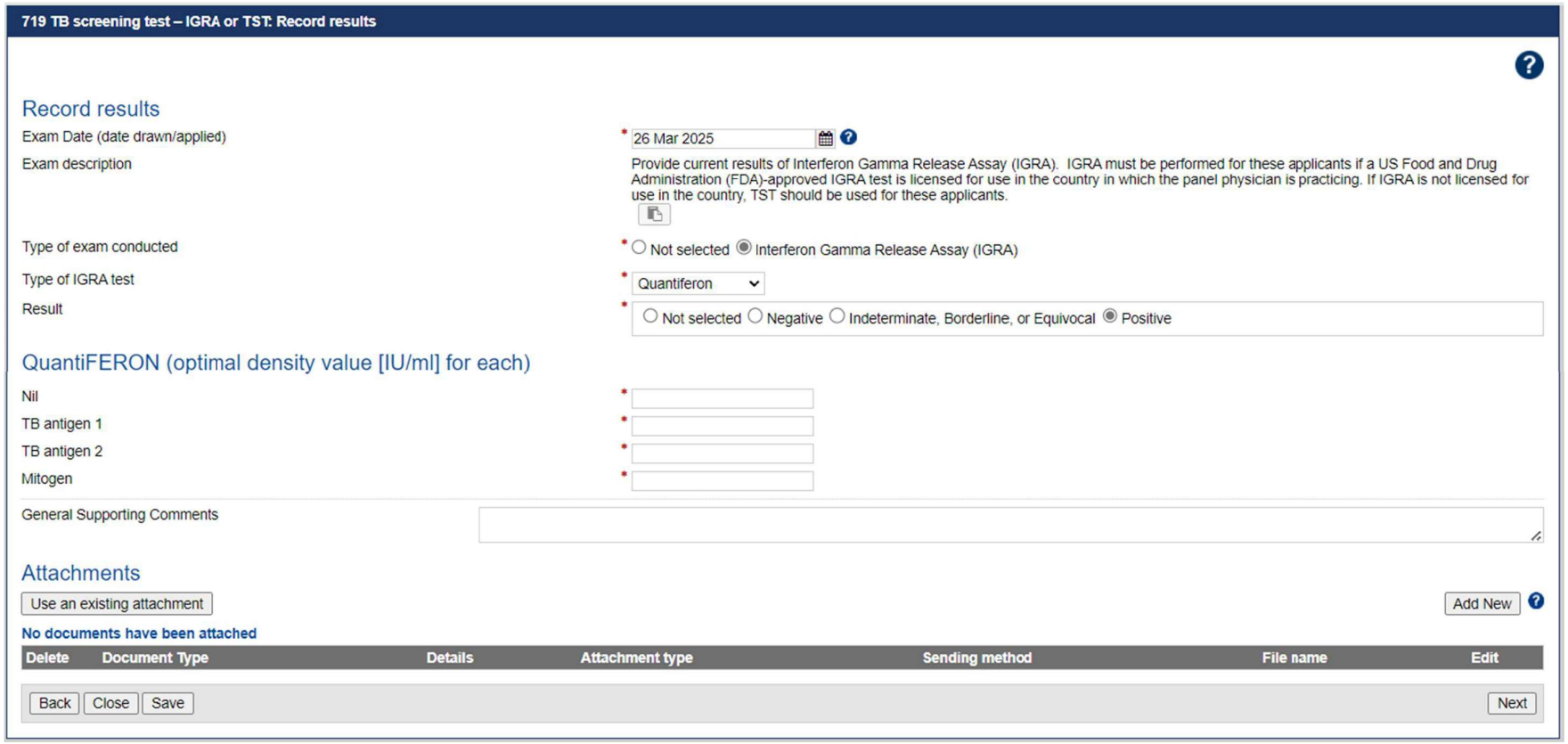
713 - Gonorrhea



714 – Hansen's Disease

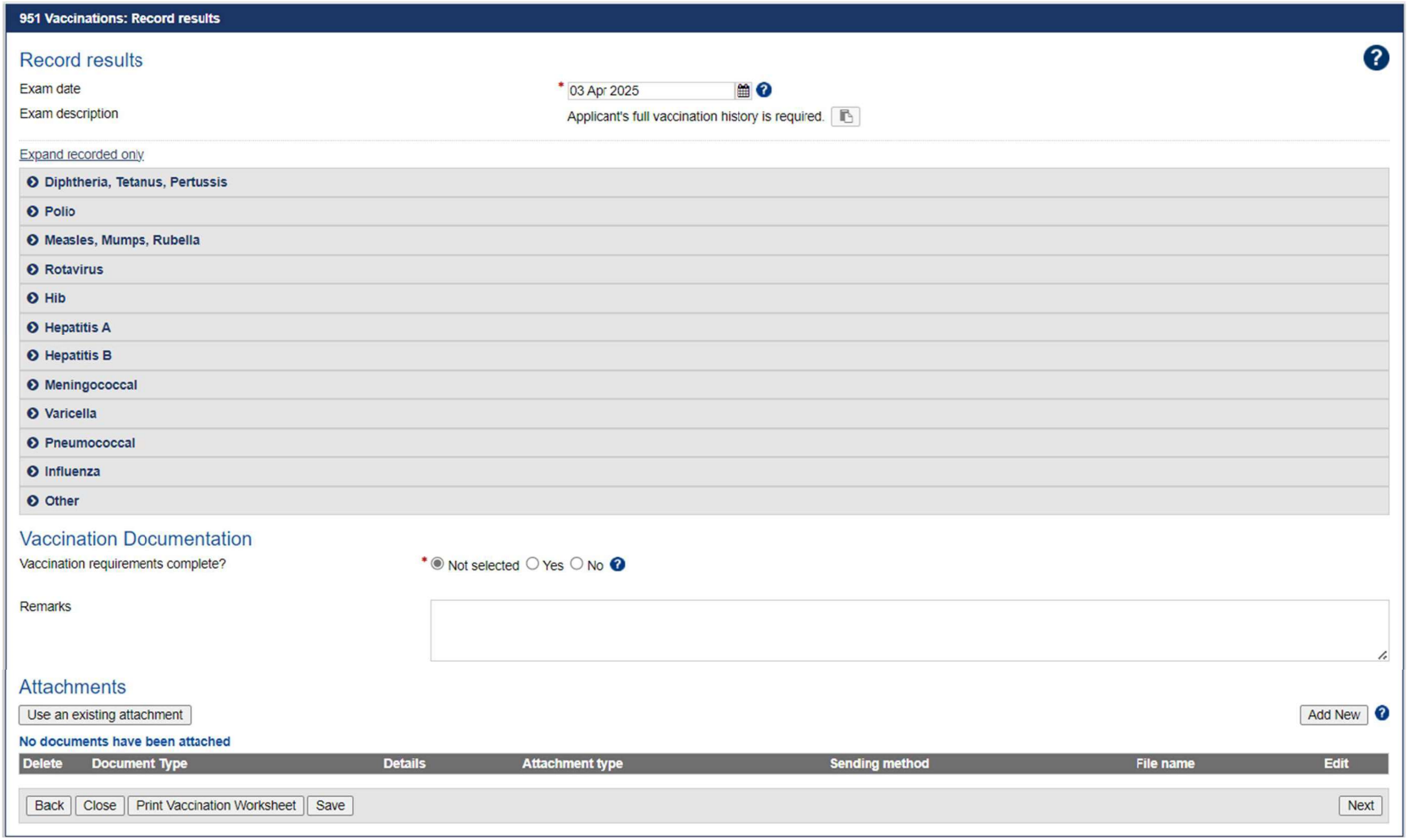


719 - TB Screening



951 – Vaccinations

Level 1 Diseases



Level 2 Vaccines

- 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

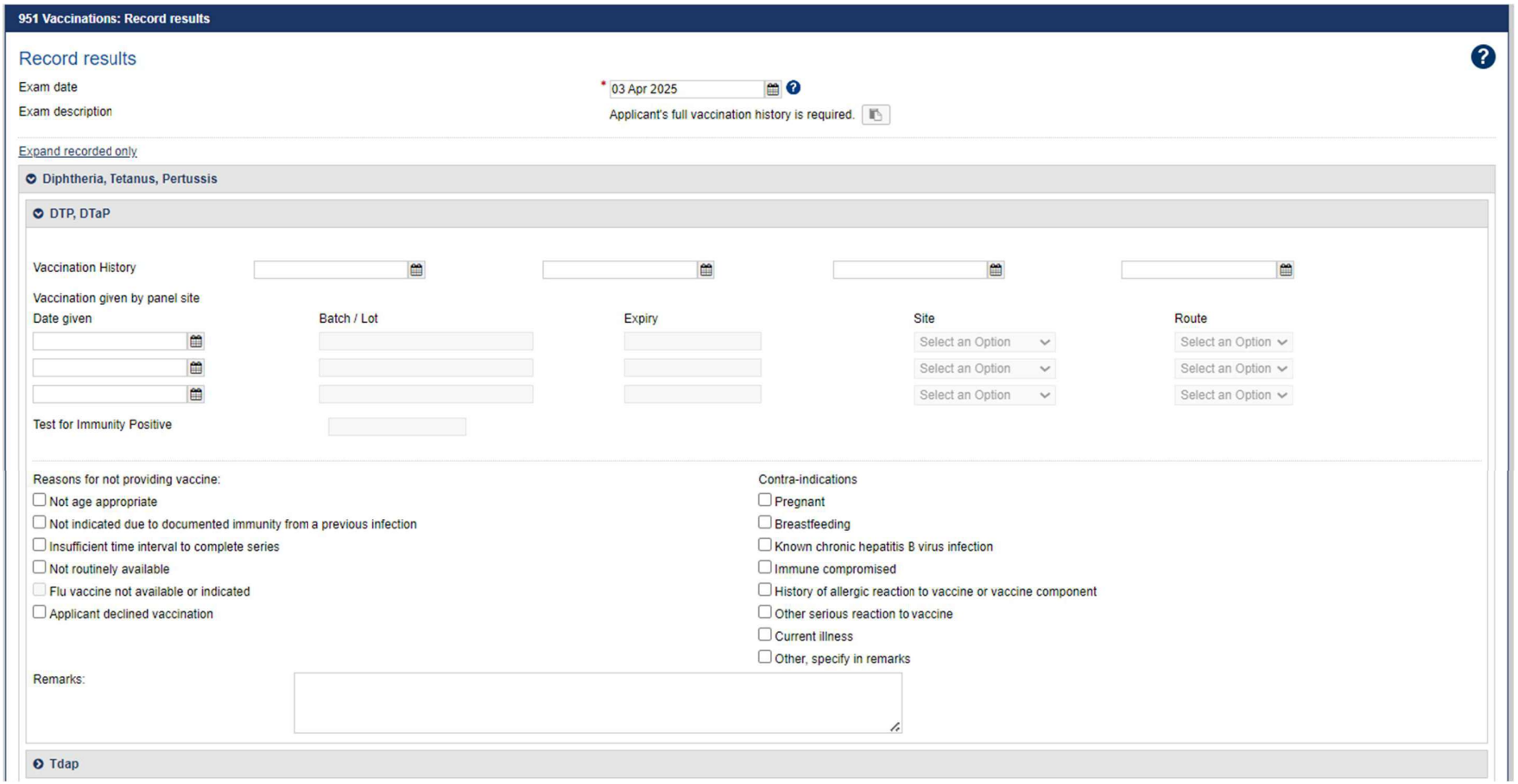
Use an existing attachment | Add New

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



Tdap

Vaccination History

Vaccination given by panel site

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

Test for Immunity Positive

Reasons for not providing vaccine:

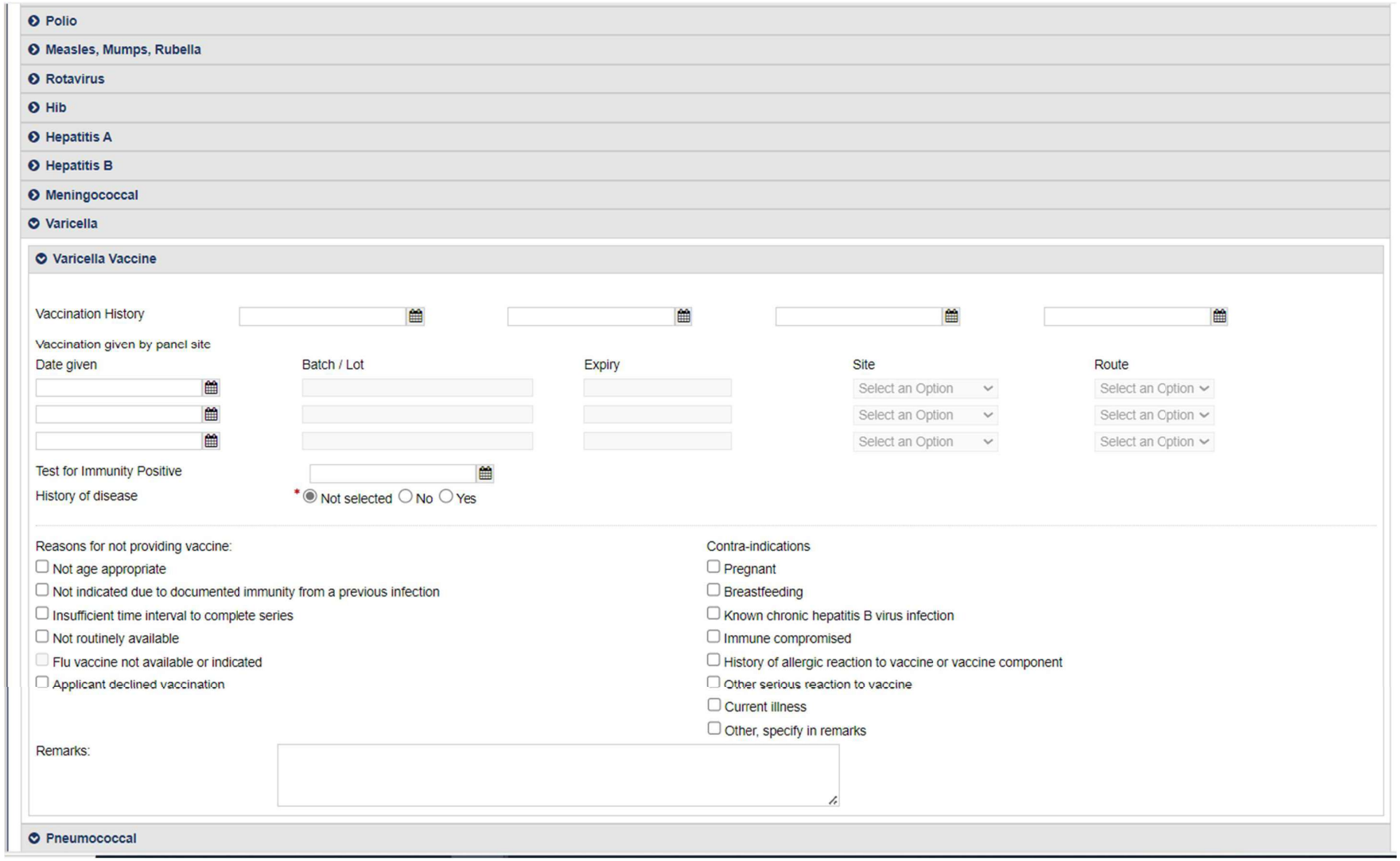
- [ ] Not age appropriate
- [ ] Not indicated due to documented immunity from a previous infection
- [ ] Insufficient time interval to complete series
- [ ] Not routinely available
- [ ] Flu vaccine not available or indicated
- [ ] Applicant declined vaccination

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



Level 3 ‘Other’ variation