

Pre-exam: lookup



Security details My account Logout
Mrs Deb MYERS
ARMS TX
English Français US English

Clinic inbox Case search Administration ▾ eMedical Support Contact us

Case search

Search

☐ Using Health Case Identifier ☒ Using Client Details

Using Client Details

Identity document number

Family name

Given name(s)

Date of birth

Applicant category

☐ Restrict Search to my Clinic's cases



Select an Option ▾

Set as my default screen

Reset Search

Pre-exam – Manual Entry



Create case

Applicant personal details

Family name
Given name(s) testdelee
Sex Select an Option
Date of birth Select an Option
Country of Birth Select an Option
City of Birth Select an Option
Prior Country of Residence Select an Option
Country of Nationality Select an Option

Identity document details

Identity document presented Select an Option
Number/ID 223456789
Issuing country Select an Option
Date of issue
Date of expiry

Applicant category

Applicant category Afghan Parolee

Other identifiers

Band ID number
USCIS Online Account Number
Other identifier

Pre-exam – Health case Details

Health Case: AA00034E9Q_5

PHOTO CANNOT BE ATTACHED

DUIE, KOID
FEMALE, 04 Sep 2012

Pre exam

Health case details

Manage Photo

Confirm identity

All Exams

All exams summary

Current exams

501 Medical Examination

502 Chest X-Ray Examination

712 Syphilis test (VDRL or RPR)

713 Gonorrhea

714 Hansen's Disease

719 TB screening test – IGRA or TST

951 Vaccinations

951 Vaccinations

106 Mental health report

503 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

1405-0230
Form Number
DS-7794
Expiration Date
31 Dec 2025
Estimated Burden
60 minutes

123
AFGHANISTAN
04 Feb 2030
Clinic

Applicant identity details

Identity document presented
Identity Document Number
Issuing country
Date of issue
Date of expiry
Source

Applicant personal details

DUIE
KOID
FEMALE
04 Sep 2012
AUSTRALIA
Kabul
AFGHANISTAN
Select an Option

Other Identifiers

Identifier type
CEAC Barcode
Case Number

Identifier value
AA00034E9Q
KBL202551004

Applicant visa details

Applicant Category
Immigrant Visa (excludes diversity)

Applicant Declaration

☒ I declare that KOID 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.
for E SIX DOCTOR
06 Mar 2025

Name of parent/guardian
Relationship to the applicant
View applicant declaration

asdfsdf
Guardian

Additional questions

'New Case' Reason Category
'New Case' reason details
Opened by

A Reason effective from 1 Mar '25
testingtestingtesting
E SIX DOCTOR



MF E SIX DVVC UK
06 Mar 2025

Name of parent/guardian
Relationship to the applicant
[View applicant declaration](#)

• asdfcdf
• Guardian

Additional questions

New Case Reason Category
New Case reason details

Opened by
Opened on

A Reason effective from 1 Mar '25
testingestingtesting
E SIX DOCTOR
06 Mar 2025

Contact channels*

Delete	Contact channel	Contact details	Primary	Comments	Edit
	Address (Intended)	QWERTYUIOPFGHJKLZXC VBNNM1234567890, ?,-, QWERTYUIOPFGHJKLZXC VBNNM1234567890, ?,-, QC M1234567890,-, ?S, Nebraska, 896768967, UNITED STATES	No	-	
	Phone (Business)	+ 99 (84556) 6548512	Yes	-	
	E-mail (Business)	asdfcdf@gmail.com	Yes	-	
	Address (Home)	QWERTYUIOPASDFGHJKLZXC VBNNM1234567890, ?, QWERTYUIOPASDFGHJKLZXC VBNNM1234567890, ?, QWERTYUIOPASDFGHJKLZ, Australian Capital Territory, 2345, AUSTRALIA	Yes	-	

Health Case attachment

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 in a federal court of law. The information provided on this form may be used for other purposes, including but not limited to, the processing of visa applications and the issuance of visas. The information provided on this form may be used for other purposes, including but not limited to, the processing of visa applications and the issuance of visas. The information provided on this form may be used for other purposes, including but not limited to, the processing of visa applications and the issuance of visas.

Close

Save

View event log

Print health case

Print tracking sheet

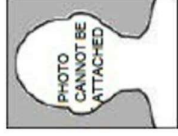
Print information sheet

Unlock Screen

Next

Pre-exam – Manage photo

Pre exam: Manage Photo



Please take and attach a photo of the applicant:

Reason

Provide details

Unlock Screen

Choose Files No file chosen

☒ Cannot Attach photo

☐ Attach photo override

OMB Requirement

Back

Close

Save

Next

Pre-exam – Confirm Identity

Pre exam: Confirm identity

Applicant personal details

Family name

DUIE

Given name(s)

KDID

Sex

FEMALE

Date of birth

04 Sep 2012

Country of birth

AUSTRALIA

City of birth

Kabul

Prior Country of Residence

AFGHANISTAN

Country of Nationality

Applicant identity details

Identity document presented

Original Passport

Identity Document Number

123

Issuing country

AFGHANISTAN

Date of issue

04 Feb 2030

Date of expiry

Clinic

Source

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

123

Passport number

Date of issue

Date of expiry

04 Feb 2030

Do you have identity concerns?

Not selected

Yes

No

Attachments

Delete

Document Type

Signed eMedical applicant declaration

Details

Attachment type

Uploaded

Sending method

-

File name

ADD2021_1523218_Welcome to MF Octane - 1.pdf

Edit

Unlock Screen

Back

Close

Save

Next

All exams summary

All Exams: All exams summary



Medical Examination

Exam code

Exam description

Exam added by

Reason requested

Exam date

Exam status

Grading

501

Full physical medical examination report required

DOS

Required under policy

26 Mar 2025

Complete

Reset exam

Delete exam

[View exam](#)

Chest X-ray Examination

Exam code

Exam description

Exam added by

Reason requested

Exam date

Exam status

Grading

502

Full chest x-ray examination report and x-ray is required.

Home Affairs

OMB Request

100

Re

•

Delete exam

[View exam](#)

☒ Syphilis Test (VDRL or RPR)

Exam code

Exam description

Exam added by

Reason requested

Exam date

712

Syphilis testing and results are required

Home Affairs

OMB Request

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 Salish 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 DUJE
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
Identity Document Number 123
Issuing country AFGHANISTAN
Date of issue 04 Feb 2030
Date of expiry
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 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

Applicant personal details

Family name: DUJIE
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: 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 ☐ Select an Option

Passport number: ☐ Original Passport

Date of issue: ☐ National ID card

Date of expiry: ☐ National ID Card + Certified passport copy

Do you have identity concerns?: ☐ National ID card with photo

☐ Driver's licence

☐ Refugee travel document

☐ Red cross travel document

☐ UN laissez-passer

☐ Other

Attachments

No data

Delete Document Type

Detail

Sending method

File name

Edit

Add New

Back Close Save

Next

Medical History

501 Medical Examination: Past Medical History

Record Medical History (Past or present)



Answer 'No' to all

Print medical history

General

Illness or injury requiring hospitalization (including psychiatric)

* ☒ Not selected ☐ No ☐ Yes

Cardiology

Hypertension

* ☒ Not selected ☐ No ☐ Yes

Congestive heart failure or coronary artery disease

* ☒ Not selected ☐ No ☐ Yes

Arrhythmia

* ☒ Not selected ☐ No ☐ Yes

Rheumatic heart disease

* ☒ Not selected ☐ No ☐ Yes

Congenital heart disease

* ☒ Not selected ☐ No ☐ Yes

Pulmonology

Current tobacco use

* ☒ Not selected ☐ No ☐ Yes

Former Tobacco use

* ☒ Not selected ☐ No ☐ Yes

Asthma

* ☒ Not selected ☐ No ☐ Yes

Chronic obstructive pulmonary disease

* ☒ Not selected ☐ No ☐ Yes

History of Tuberculosis

* ☒ Not selected ☐ No ☐ Yes

Current Extrapulmonary tuberculosis

* ☒ Not selected ☐ No ☐ Yes

Fever

* ☒ Not selected ☐ No ☐ Yes

Cough

* ☒ Not selected ☐ No ☐ Yes

Night sweats

* ☒ Not selected ☐ No ☐ Yes

Weight loss

* ☒ Not selected ☐ No ☐ Yes

Signs or symptoms of TB

* ☒ Not selected ☐ No ☐ Yes

Recent contact with known TB case

* ☒ Not selected ☐ No ☐ Yes

Psychiatry

Psychological/Psychiatric Disorder (including major depression, bipolar disorder or schizophrenia)

* ☒ Not selected ☐ No ☐ Yes

Major impairment in learning, intelligence, self-care, memory or communication

* ☒ Not selected ☐ No ☐ Yes

Use of substances other than those required for medical reasons

* ☒ Not selected ☐ No ☐ Yes

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

* ☒ Not selected ☐ No ☐ Yes

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

* ☒ Not selected ☐ No ☐ Yes

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

* ☒ Not selected ☐ No ☐ Yes

Ever had thoughts of harming yourself
Ever had thoughts of harming others

Neurology

History of stroke
Seizure disorder

Obstetrics

Pregnant, on the day of exam?
Estimated delivery date

LMP

Fundal Height (in cm)

Fundal height assessment

Previous live births

Sexually Transmitted Diseases

Syphilis

Gonorrhea

Endocrinology

Diabetes

Thyroid disease

Hematologic / Lymphatic

Anemia

Sickle Cell Disease

Thalassemia

Other hemoglobinopathy

Hansen's Disease

Hansen's Disease History

Current diagnosis or treatment

Other

An abnormal or reactive HIV blood test

Malignancy

* ☒ Not selected ☐ No ☐ Yes

* ☒ Not selected ☐ No ☐ Yes

* ☒ Not selected ☐ No ☐ Yes

* ☒ Not selected ☐ No ☐ Yes

* ☐ Not selected ☐ No ☒ Yes

*

*

* ☒ Not selected ☐ Normal ☐ Abnormal ☐ Not assessed

*

* ☒ Not selected ☐ No ☐ Yes

* ☒ Not selected ☐ No ☐ Yes

* ☒ Not selected ☐ No ☐ Yes

* ☒ Not selected ☐ No ☐ Yes

* ☒ Not selected ☐ No ☐ Yes

* ☒ Not selected ☐ No ☐ Yes

* ☒ Not selected ☐ No ☐ Yes

* ☒ Not selected ☐ No ☐ Yes

* ☒ Not selected ☐ No ☐ Yes

* ☒ Not selected ☐ No ☐ Yes 

* ☒ Not selected ☐ No ☐ Yes

* ☒ Not selected ☐ No ☐ Yes



Malignancy

Kidney or Bladder disease

Chronic liver disease (including hepatitis B or C)

Food or drug allergies

Other medical conditions requiring treatment

Disabilities (including loss of arms or legs)

Current medications (List all current medications)

- *

☒ Not selected

☐ No

☐ Yes
- *

☒ Not selected

☐ No

☐ Yes
- *

☒ Not selected

☐ No

☐ Yes
- *

☒ Not selected

☐ No

☐ Yes
- *

☒ 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

501 Medical Examination: Basic questions

26 Mar 2025

180

180

70

21 ?

33

33

10

* ☐ Not selected ☒ Uncorrected ☐ Corrected ☐ No ?

* ☐ Not selected ☒ Uncorrected ☐ Corrected ☐ No ?

<6/60

<6/60

Use an existing attachment

Add New

Back

Close

Save

Delete	Document type	Details	Attachment type	Sending method	File name	Edit
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Next

Detailed questions

501 Medical Examination: Detailed questions

Detailed questions

All Systems

General appearance

Provide details



Answer 'Normal' to all

☐ Not selected ☐ Normal ☒ Abnormal

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

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

No documents have been attached

Delete Document Type

Details

Attachment type

Sending method

File name

Edit

Back

Close

Save

No documents have been attached

Details

Attachment type

Sending method

File name

Edit

Next

Add New

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?

* 

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

Applicant personal details

Family name
Given name(s)
Sex
Date of birth
Country of birth
City of birth
Prior Country of Residence
Country of Nationality

DUIE
KDID
FEMALE
04 Sep 2012
AUSTRALIA
Kabul
AFGHANISTAN

Applicant identity details

Identity document presented
Identity Document Number
Issuing country
Date of issue
Date of expiry
Source

Original Passport
123
AFGHANISTAN
04 Feb 2030
Clinic

Applicant visa details

Applicant Category

Immigrant Visa (excludes diversity)

Record identity

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

☐ Not selected ☒ Yes ☐ No
* AFGHANISTAN

☐ Original Passport
* 123

* 123

04 Feb 2030

☐ Yes ☒ No

Attachments

No data

Delete Document Type

Details

Attachment type

Sending method

File name

Edit

Add New

Back

Close

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Next

Attach x-ray images

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

Attach x-ray images

Date of x-ray

26 Mar 2025

?

Attachments

Use an existing attachment

Delete

Document Type

Posteroanterior (PA) chest x-ray image

Details

-

Attachment type

Uploaded

Sending method

-

File name

test.dcm

Edit

Add New

?

Back

Close

Save

Next

Findings

502 Chest X-Ray Examination: Findings

Record results

Exam Date

Findings

Mark all that apply

* 26 Mar 2025



* ☐ Not selected ☒ Abnormal ☐ Normal

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
- ☐ Hilum / 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

106 Mental health report: Record results

Record results

Exam date

Exam description

26 Mar 2025

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

Mental Health Classification

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

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

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

Addiction or abuse of specific substance on the Controlled Substances Act

Class A, list substance(s)

Class B, in remission, list substance(s)

☐ Not selected ☐ No ☒ Yes

☐ Not selected ☐ No ☒ Yes

☒ Not selected ☐ No ☐ Yes

☒ Not selected ☐ No ☐ Yes

☐ Not selected ☐ No ☒ Yes

☒ Not selected ☐ No ☐ Yes

☒ Not selected ☐ No ☐ Yes

Attachments

Use an existing attachment

No documents have been attached

Delete Document Type

Details

Attachment type

Sending method

File name

Edit

General Supporting Comments

Back

Close

Save

Next

603 – Investigation on current state of tuberculosis

603 Investigation on current state of tuberculosis: Record results

Record results

Exam date

* 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

20 Mar 2025

21 Mar 2025

22 Mar 2025

Date smear results reported

26 Mar 2025

26 Mar 2025

26 Mar 2025

Result

Negative

Negative

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

20 Mar 2025

21 Mar 2025

22 Mar 2025

Date culture results reported

26 Mar 2025

26 Mar 2025

26 Mar 2025

Result

Negative

Negative

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

Isoniazid
Rifampin
Ethambutol
Pyrazinamide
Fluoroquinolones
Specify

- ☒ Not selected ☐ Resistant ☐ Susceptible
☒ Not selected ☐ Resistant ☐ Susceptible
☒ Not selected ☐ Resistant ☐ Susceptible
☒ Not selected ☐ Resistant ☐ Susceptible
☒ Not selected ☐ Resistant ☐ Susceptible

No results found.

No results found.

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



Use an existing attachment

Use an existing attachment

Delete Document Type

Delete Document Type

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Next

607 – Continued anti-tuberculosis treatment

607 Continued anti-tuberculosis treatment: Record results

Record results

Exam date

Exam description

26 Mar 2025

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

Elhambutol (TB2HRZE)

Other medication

-

Dosage

10mg

Start Date

03 Mar 2025

End Date

04 Mar 2025

Treated at approved DOT site

Not selected

No

Selected

Yes

Recording of Treatment is complete

Post-treatment Clinical diagnosis (for Radiologist to complete)

Date radiograph obtained

Findings suggestive of TB?

Remarks

Not selected

No

Selected

Yes

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

Interpreted by

Date radiograph interpreted

General Supporting Comments

Attachments

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No documents have been attached

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Document Type

Details

Attachment type

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File name

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Add New

712 - Syphilis

712 Syphilis test (VDRL or RPR): Record results

Record results

Exam date

Exam description

* 26 Mar 2025

Syphilis testing and results are required

Screening

Test name

Date result reported

Syphilis test result

Titer

VDRL

Date result reported

☐ Not selected ☒ Non-reactive ☒ Reactive

Confirmatory

Test name

Date result reported

Repeat Syphilis test result

Titer

Clinical judgment on result

Stage of Syphilis

Applicant treated

Select an Option

Date result reported

☐ Not selected ☐ Non-reactive ☒ Reactive

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

Select an Option

☐ Not selected ☐ No ☒ Yes

Treatment

Medication

Treated By Panel Physician

Select an Option

☒ Not selected ☐ No ☐ Yes

Attachments

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No documents have been attached

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Attachment type

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General Supporting Comments

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713 - Gonorrhea

713 Gonorrhea: Record results

Record results

Exam date

Exam description

Was laboratory testing performed?

Screening

Date result reported

Test name

Gonorrhea test result

Applicant treated?

Treatment

No results found.

26 Mar 2025

Record testing and treatment for Gonorrhea

Not selected

No

Yes

Select an Option

Not selected

Positive

Negative

Not selected

No

Yes

Medication

Select an Option

Other medication

Dose

Start Date

End Date

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

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General supporting comments

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714 — Hansen's Disease

714 Hansen's Disease: Record results

Record results

Exam date

Exam description

Initial Diagnosis

Test name

Date result reported

Result

Made by

Year of diagnosis

Type of Hansen's disease

Treatment

Treatment

Treated by panel physician?

Referred for treatment?

Referral facility

26 Mar 2025

Record diagnosis and treatment for Hansen's Disease

☐ Not selected ☐ Negative ☒ Positive

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

☐ Not selected ☐ Multibacillary ☒ Paucibacillary

☐ Not selected ☐ None ☐ Partial (≥ 7 days) ☒ Completed

☐ Not selected ☒ No ☐ Yes

☐ Not selected ☐ No ☒ Yes

No results found.

Medication

Select an Option

Other medication

Dose

Start Date

End Date

Attachments

Use an existing attachment

No documents have been attached

Delete Document Type

Details

Attachment type

Sending method

File name

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General Supporting Comments

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719 TB screening test – IGRA or TST: Record results

Exam description



● Not selected ● Interferon Gamma Release Assay (IGRA)

Quantiferon

☐ Not selected
 ☐ Negative
 ☐ Indeterminate, Borderline, or Equivocal
 ☒ Positive

Mitogen

General Supporting Comments

No documents have been attached

Add New

Next

951 – Vaccinations

Level 1 Diseases

951 Vaccinations: Record results

Record results

Exam date

03 Apr 2025

Exam description

Applicant's full vaccination history is required.

Expand recorded only

Diphtheria, Tetanus, Pertussis
Polio
Measles, Mumps, Rubella
Rotavirus
Hib
Hepatitis A
Hepatitis B
Meningococcal
Varicella
Pneumococcal
Influenza
Other

Vaccination Documentation

Vaccination requirements complete?

Not selected

Yes

No

Remarks

Attachments

Use an existing attachment

No documents have been attached

Delete

Document type

Details

Attachment type

Sending method

File name

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Print Vaccination Worksheet

Save

Add New

Next

Level 2 Vaccines

951 Vaccinations: Record results

Record results

Exam date

Exam description

03 Apr 2025

Applicant's full vaccination history is required

Expand recorded only

Diphtheria, Tetanus, Pertussis

DTP, DTaP

Tdap

DT

Td

TT

Polio

IPV

OPV

Measles, Mumps, Rubella

MMR

Measles

Mumps

Rubella

Rotavirus

Rota Teq (RV5)

Rotarix (RV1)

Hib

Hib

	Details	Attachment type	Sending method	File name	Edit
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					
Other					

Vaccination Documentation
Vaccination requirements complete?

Not selected Yes No

Remarks

Attachments

Use an existing attachment

No documents have been attached

Delete Document Type Details Attachment type Sending method File name Edit

Back Close Print Vaccination Worksheet Save

Add New ?

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

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

Vaccination History

Vaccination given by panel site

Date given

3

3

--	--

Test for Immunity Positive

Batch / Lot

Expiry

Site

Select an Option

▼

Select an Option

Select an Option

Route

Select an Option ▼Select an Option ▼Select an Option

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 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:								

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

No documents have been attached

Delete

Document type

Details

Attachment type

Sending method

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Print Vaccination Worksheet

Save

Add New

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