



# REPORT OF MEDICAL EXAMINATION BY PANEL PHYSICIAN

<b>Photo</b>	Surnames		Given Names		Birth Date (mm-dd-yyyy)	Sex <input type="checkbox"/> M <input type="checkbox"/> F
	U.S. Consulate/Embassy	Document Type	Document Number	Case or Alien Number		
Birthplace (City, Country)		Present Country of Residence		Prior Country of Residence		
Present Address of Residence		Present City of Residence		Present Postal Code of Residence		
Intended US Address				Intended US City		
Intended US State		Intended US Postal Code		Country of Nationality		
Phone Number		E-mail Address				
Date of Medical Exam (Date of physical exam or date of final TB culture results, if cultures performed) (mm-dd-yyyy)						
Date Exam Expires (3 months if Class B0 or B1 TB, otherwise 6 months) (mm-dd-yyyy)						
Exam Place of Current Exam (City, Country)				Date of Prior Exam, if any (mm-dd-yyyy)		
Panel Physician Performing Exam		Panel Site		Radiology Facility		
Sputum Collection Site		Sputum Smear and Culture Laboratory		Syphilis Laboratory		
Drug Susceptibility Test Laboratory		TB DOT Facility		Gonorrhea Laboratory		
Applicant Category (Mark One)	Immigrant Visa <input type="checkbox"/> Immigrant <input type="checkbox"/> Special Immigrant (SIV) <input type="checkbox"/> Adoptee	Refugee <input type="checkbox"/> Refugee <input type="checkbox"/> Follow to join refugee	Asylee <input type="checkbox"/> Asylee <input type="checkbox"/> Follow to join asylee	Non-Immigrant Visa (NIV) <input type="checkbox"/> K-Visa <input type="checkbox"/> Other NIV _____	Parolee <input type="checkbox"/> Parolee	
<b>1. Classification</b> (Check all boxes that apply)						
<input type="checkbox"/> <b>No apparent defect, disease, or disability</b> (See Worksheets DS-3025, DS-3026, DS-3030)						
<input type="checkbox"/> <b>Class A Conditions</b> (See Worksheets DS-3025, DS-3026, DS-3030)						
<input type="checkbox"/> Tuberculosis disease (1A1)		<input type="checkbox"/> 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)				
<input type="checkbox"/> Syphilis, untreated (1A1)		<input type="checkbox"/> Addiction or abuse of specific substance on the Controlled Substances Act (1A4)				
<input type="checkbox"/> Gonorrhea, untreated (1A1)		<input type="checkbox"/> Immigrant visa applicant refuses vaccinations (1A2)				
<input type="checkbox"/> Hansen's Disease, untreated multibacillary or paucibacillary (1A1)						

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

<p><b>Tuberculosis</b></p> <p><input type="checkbox"/> B0 TB, Pulmonary</p> <p><input type="checkbox"/> B1 TB, Pulmonary</p> <p><input type="checkbox"/> B1 TB, Extrapulmonary</p> <p><input type="checkbox"/> B2 TB, LTBI Evaluation</p> <p><input type="checkbox"/> B3 TB, Contact Evaluation</p> <p><input type="checkbox"/> Syphilis, treated within last year</p> <p><input type="checkbox"/> Gonorrhea, treated within last year</p>	<p><b>Hansen's Disease</b></p> <p><input type="checkbox"/> Multibacillary, treated</p> <p><input type="checkbox"/> Paucibacillary, treated</p> <p><input type="checkbox"/> 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</p> <p><input type="checkbox"/> Sustained, full remission of addiction or abuse of specific substance on the CSA</p>
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**Class B Other** (Specify or give details from worksheets)

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

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

<p><b>4. Panel Physician</b></p> <p>I attest that I performed this examination, have reviewed all test results, and that the medical classification is correct in accordance with the Centers for Disease Control and Prevention's Technical Instructions for panel physicians. I further attest that I have a current panel physician agreement with the Department of State. I further attest that I provided the applicant the "applicant consent statement" and that the applicant read, understands, and has agreed to its contents.</p>	<p>Panel Physician Signature</p>	<p>Date (mm-dd-yyyy)</p>
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**PAPERWORK REDUCTION ACT STATEMENT**

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