Name (Lost, First, Mi.) Birth Date (mm-dd-yyyy) Sex: M F Birth Date (mm-dd-yyyy) Birth Date (mm-dd-yyyy) Present Country of Residence Prior Country Present Country of Residence Prior Country Passport Number Date (mm-dd-yyyy) of Medical Exam Passport Number Date (mm-dd-yyyy) of Medical Exam Date (mm-dd-yyyy) Passport Manufaction Passport Date (mm-dd-yyyy) Date (mm-dd-		For Use in Canada	a Only					ATION FOR EE APPLICANT		
Photo Sirth Date (mm-dd-yyyyy) Sex: M F F		Name (Last First MI	1							
Birthplace (City/Country) Present Country of Residence U.S. Consult (City/Country) Passport Number Date (mm-dd-yyyy) of Medical Exam Date Exam Expires (6 months from examination date, if Class A or TB condition exists, otherwise 12 months) (mm-dd-yyyy) Exam Place (City/Country) Panel Physician Radiology Services Lab (name for syphillic/TB) (1) Class file and the conditions (From Past Medical History and Physical Examination Worksheets) TB, active, infectious (Class A, from Chest X-Ray Worksheet) Hansen's disease, lepromatous or multibacillary harder or substance-related disorder (including other substance-related disorder) with namful behavior or history of such behavior likely to recur Class B Conditions (From Past Medical History and Physical Examination Worksheets) TB, active, infectious (Class A, from Chest X-Ray Worksheet) Hansen's disease, lepromatous or multibacillary harder or history of such behavior likely to recur Apy physical or mental disorder (including other substance-related disorder) with harmful behavior or history of such behavior likely to recur Treatment: None Partial Completed Hansen's disease, riberculoid, borderline, or paucibacillary Hansen's disease, riberculoid, borderline, or paucibacillary Sustainad, full remission of addiction or abuse of specific substance-related disorder) with the last year Hansen's disease, riberculoid, borderline, or paucibacillary Sustainad, full remission of addiction or abuse of specific substance value to resident within last year Hansen's disease, riberculoid, borderline, or paucibacillary Sustainad, full remission of addiction or abuse of specific substance value to resident within last year Hansen's disease, riberculoid, borderline, or paucibacillary Sustainad, full remission of addiction or abuse of specific substance value to resident within last year Hansen's disease, riberculoid, borderline, or paucibacillary Sustainad, full remission of addiction or abuse of specific substance value to remission of addict	Photo	·			-,		Sov: \square	м Г Б		
Present Country of Residence U.S. Consul (Chy/Country) Passport Number Date (mm-dd-yyyy) of Medical Exam Date Exam Expires (6 months from examination date, if Class A or TB condition exists, otherwise 12 months) (mm-dd-yyyy) Exam Place (Chy/Country) Panel Physician Screening Site (name)	1 11010					,	Sex.	W F		
U.S. Consul (City/Country)						Prior (Country			
Date (mm-dd-yyyy) of Medical Exam Date (mm-dd-yyyy) of Prior Exam, if any						,	Country _			
Date (mm-dd-yyyy) of Medical Exam Date (mm-dd-yyyy) of Prior Exam, if any Date Exam Expires (6 months from examination date, if Class A or TB condition exists, otherwise 12 months) (mm-dd-yyyy) Radiotogy Services Lab (meme for syphilis/TB) (1) Classification (check all boxes that apply): No apparent defect, disease, or disability (see Worksheets 1,2, and 3) Class A Conditions (From Past Medical History and Physical Examination Worksheets) TB, active, infectious (Class A, from Chest X-Ray Worksheet) Styphilis, untreated Gonorrhea, untreated Granuloma inguinale, untreated Treatment: None Partial Completed See Section 4 on page 2 for TB treatment details Sysphilis (with residual deficit), treated within the last year Other (specify or give details on checked conditions from worksheets) Test name Date(s) run (mm-dd-yyyyy) Negative Postive Treatment: Notes Postive Test name Date(s) run (mm-dd-yyyyy) Negative Postive Titer 1 Notes Screening Confirmatory Treated If treated, therapy: Date(s) treatment given (3 doses for penicillin)		` *	Alion (Casa) Number							
Date Exam Expires (6 months from examination date, if Class A or TB condition exists, otherwise 12 months) (mm-dd-yyyy) Panel Physician Screening Site (name)	Date (mm-dd-vvvv) of					' '	_			
Panel Physician Screening Site (name) Lab (name for syphilis/TB) (Lab (name for symhilis/TB) (Lab (name for symhilis/TB) (Lab (name for symhilis) (Lab (name for symhi	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	·					_			
Radiology Services	• ,		•	,			/ (
Lab (name for syphilis/TB)			/			ame)				
Class A Conditions (From Past Medical History and Physical Examination Worksheets) TB, active, infectious (Class A, from Chest X-Ray Worksheet) Addiction or abuse of specific substance without harmful behavior and physical or mental disorder (including other substance-related disorder) without harmful behavior with physical or mental disorder (including other substance-related disorder) with harmful behavior or history of such behavior likely to recur supplied Addiction or abuse of specific substance without harmful behavior or history of such behavior likely to recur supplied Addiction or abuse of specific substance without harmful behavior or history of such behavior likely to recur supplied Addiction or abuse of specific substance-related disorder) with harmful behavior or history of such behavior likely to recur supplied Addiction or abuse of specific substance-related disorder) with harmful behavior or history of such behavior likely to recur supplied Addiction or abuse of specific substance prior treatment Treatment None Partial Completed Any physical or mental disorder (excluding addiction or abuse of specific substances Supplied Any physical prior treatment Any physical prior treatment Hansen's disease, prior treatment Hansen'	= -	 s/TB)	1		Oito (no		/			
No apparent defect, disease, or disability (see Worksheets 1,2, and 3) Class A Conditions (From Past Medical History and Physical Examination Worksheets) TB, active, infectious (Class A, from Chest X-Ray Worksheet) Syphilis, untreated Addiction or abuse of specific' substance without harmful behavior Any physical or mental disorder (including other substance-related disorder) with harmful behavior or history of such behavior likely to recur	, ,,,		<u></u>							
Class A Conditions (From Past Medical History and Physical Examination Worksheets) TB, active, infectious (Class A, from Chest X-Ray Worksheet) Syphilis, untreated Chancroid, untreated Gonorrhea, untreated Granuloma inguinale, untreated Lymphogranuloma venereum, untreated Lymphogranuloma venereum, untreated TB, active, noninfectious (Class B1, from Chest X-Ray Worksheet) TB, active, noninfectious (Class B1, from Chest X-Ray Worksheet) TB, active, noninfectious (Class B1, from Chest X-Ray Worksheet) TB, inactive (Class B2, from Chest X-Ray Worksheet) TB, inactive (Class B2, from Chest X-Ray Worksheet) Treatment: None Partial Completed See Section 4 on page 2 for TB treatment details Syphilis (with residual deficit), treated within the last year Other sexually transmitted infections, treated within last year Other sexually transmitted infections, treated without handly behavior or h				eets 12 an	d 3)					
TB, active, infectious (Class A, from Chest X-Ray Worksheet) Syphilis, untreated Chancroid, untreated Gonorrhea, untreated Gonorrhea, untreated Class B Conditions (From Past Medical History and Physical Examination Worksheets) TB, active, noninfectious (Class B1, from Chest X-Ray Worksheet) Treatment: None Partial Completed Treatment: None Partial Completed See Section 4 on page 2 for TB treatment details Syphilis (with residual deficit), treated within last year Other sexually transmitted infections, treated within last year Other sexually transmitted infections, treated within last year Claboratory Findings (Check all boxes that apply): Syphilis: Not done Test name Date(s) run (mm-dd-yyyy) Treated If treated, therapy: Benzathine penicillin, 2.4 MU IM Hansen's disease, lepromatous or multibacillary Substances (class B1, from Chest X-Ray Worksheet) Hansen's disease, prior treatment Hansen's disease, prior tre	<u> </u>									
Addiction or abuse of specific* substance without harmful behavior Chancroid, untreated Chancroid, untreated Chancroid, untreated Chancroid, untreated Chancroid, untreated Conorrhea, untreated Conorrhea, untreated Conorrhea, untreated Chancroid, untreated Conorrhea, untreated	Class A Con	ditions (From Past I	Medical History and Phy	sical Exami	nation	Work	(sheets)			
Chancroid, untreated	TB, active, inf	ectious (Class A, from Cl	nest X-Ray Worksheet)	Hans	en's dis	ease, le	epromatous	or multibacillary		
Class B Conditions (From Past Medical History and Physical Examination Worksheets) Class B Conditions (From Past Medical History and Physical Examination Worksheets) TB, active, noninfectious (Class B1, from Chest X-Ray Worksheet) Treatment: None Partial Completed Hansen's disease, ruberculoid, borderline, or paucibacillary Treatment: None Partial Completed Substances Teatment: None Partial Completed Substances Treatment: None Partial Completed Syphilis (with residual deficit), treated within last year Other sexually transmitted infections, treated within last year Other (specify or give details on checked conditions from worksheets) Calsoratory Findings (check all boxes that apply): Syphilis: Not done Test name Date(s) run (mm-dd-yyyy) Negative Positive Titer 1 Notes Screening Positive Titer 1 Notes Date(s) treatment given (3 doses for penicillin) Treated If treated, therapy: Date(s) treatment given (3 doses for penicillin)				Addiction or abuse of specific* substance without harmful						
Gonorrhea, untreated Granuloma inguinale, untreated Lymphogranuloma venereum, untreated Lymphogranul	Chancroid, ur	ntreated						6 L F		
Granuloma inguinale, untreated Lymphogranuloma venereum, untreated Lymphogranuloma venereum, untreated Class B Conditions (From Past Medical History and Physical Examination Worksheets) TB, active, noninfectious (Class B1, from Chest X-Ray Worksheet) Treatment: None Partial Completed Treatment: None Partial Completed See Section 4 on page 2 for TB treatment details Syphilis (with residual deficit), treated within last year Other sexually transmitted infections, treated within last year Other (specify or give details on checked conditions from worksheets) C2) Laboratory Findings (check all boxes that apply): Syphilis: Not done Test name Date(s) run (mm-dd-yyyy) Treated If treated, therapy: Benzathine penicillin, 2.4 MU IM such behavior likely to recur "amphetamines, cannabis, cocaine, hallucinogens, inhalants, opioids, phencyclidines, sedative-hypnotics, and anxiolytics such behavior unabis, cocaine, hallucinogens, inhalants, opioids, phencyclidines, sedative-hypnotics, and anxiolytics such behavior unabis, cocaine, hallucinogens, inhalants, opioids, phencyclidines, sedative-hypnotics, and anxiolytics substances Any physical or mental disorder (excluding addiction or abuse of specific* substances unabis, cocaine, hallucinogens, inhalants, opioids, phencyclidines, sedative-hypnotics, and anxiolytics (2) Laboratory Findings (check all boxes that apply): Syphilis: Not done Test name Date(s) run (mm-dd-yyyy) Negative Positive Titer 1 Notes Date(s) treatment given (3 doses for penicillin)	Gonorrhea, u	Any physical or mental disorder (including other substance-related disorder) with harmful behavior or history of								
Lymphogranuloma venereum, untreated	Granuloma in	Substance Tolking of Marina Bonavior of Mistory of				Thammar bonavior of filetory of				
Class B Conditions (From Past Medical History and Physical Examination Worksheets) TB, active, noninfectious (Class B1, from Chest X-Ray Worksheet) Treatment: None Partial Completed Hansen's disease, triberculoid, borderline, or paucibacillary TB, inactive (Class B2, from Chest X-Ray Worksheet) Treatment: None Partial Completed See Section 4 on page 2 for TB treatment details Syphilis (with residual deficit), treated within the last year Other sexually transmitted infections, treated within last year Other (specify or give details on checked conditions from worksheets) Current pregnancy, number of weeks pregnant opioids, phencyclidines, sedative-hypnotics, and anxiolytics Caberatory Findings (check all boxes that apply): Syphilis: Not done Test name Date(s) run (mm-dd-yyyyy) Negative Positive Titer 1 Notes Confirmatory Treated If treated, therapy: Benzathine penicillin, 2.4 MU IM Date(s) treatment given (3 doses for penicillin)		•	d	*amphetamines, cannabis, cocaine, hallucinogens, inhalants,						
TB, active, noninfectious (Class B1, from Chest X-Ray Worksheet) Treatment: None Partial Completed Hansen's disease, tuberculoid, borderline, or paucibacillary TB, inactive (Class B2, from Chest X-Ray Worksheet) Treatment: None Partial Completed Sustained, full remission of addiction or abuse of specific* substances Treatment: None Partial Completed See Section 4 on page 2 for TB treatment details Syphilis (with residual deficit), treated within the last year Other sexually transmitted infections, treated within last year Current pregnancy, number of weeks pregnant Other (specify or give details on checked conditions from worksheets) Test name Date(s) run (mm-dd-yyyy) Treated If treated, therapy: Benzathine penicillin, 2.4 MU IM Hansen's disease, ruberculoid, borderline, or paucibacillary Sustained, full remission of addiction or abuse of specific* substances Any physical or mental disorder (excluding addiction or abuse of specific* substances but including other substances unlikely to recur *amphetamines, cannabis, cocaine, hallucinogens, inhalants, opioids, phencyclidines, sedative-hypnotics, and anxiolytics Other (specify or give details on checked conditions from worksheets) Syphilis: Not done Test name Date(s) run (mm-dd-yyyy) Negative Positive Titer 1 Notes Date(s) treatment given (3 doses for penicillin)	, , , , ,	, , , , , , , , , , , , , , , , , , , ,						<u> </u>		
TB, active, noninfectious (Class B1, from Chest X-Ray Worksheet) Treatment: None Partial Completed TB, inactive (Class B2, from Chest X-Ray Worksheet) Treatment: None Partial Completed See Section 4 on page 2 for TB treatment details Syphilis (with residual deficit), treated within the last year Other sexually transmitted infections, treated within last year Other (specify or give details on checked conditions from worksheets) Test name Date(s) run (mm-dd-yyyy) Treated If treated, therapy: Partial Completed Sustained, full remission of addiction or abuse of specific* substances Substances Any physical or mental disorder (excluding addiction or abuse of specific* substance but including other substance-related disorder) without harmful behavior or history of such behavior unlikely to recur *amphetamines, cannabis, cocaine, hallucinogens, inhalants, opioids, phencyclidines, sedative-hypnotics, and anxiolytics (2) Laboratory Findings (check all boxes that apply): Syphilis: Not done Test name Date(s) run (mm-dd-yyyy) Negative Positive Titer 1 Notes Confirmatory Treated If treated, therapy: Date(s) treatment given (3 doses for penicillin)										
TB, active, noninfectious (Class B1, from Chest X-Ray Worksheet) Treatment: None Partial Completed TB, inactive (Class B2, from Chest X-Ray Worksheet) Treatment: None Partial Completed See Section 4 on page 2 for TB treatment details Syphilis (with residual deficit), treated within the last year Other sexually transmitted infections, treated within last year Other (specify or give details on checked conditions from worksheets) Test name Date(s) run (mm-dd-yyyy) Treated If treated, therapy: Partial Completed Sustained, full remission of addiction or abuse of specific* substances Substances Any physical or mental disorder (excluding addiction or abuse of specific* substance but including other substance-related disorder) without harmful behavior or history of such behavior unlikely to recur *amphetamines, cannabis, cocaine, hallucinogens, inhalants, opioids, phencyclidines, sedative-hypnotics, and anxiolytics (2) Laboratory Findings (check all boxes that apply): Syphilis: Not done Test name Date(s) run (mm-dd-yyyy) Negative Positive Titer 1 Notes Confirmatory Treated If treated, therapy: Date(s) treatment given (3 doses for penicillin)	Class B Con	ditions (From Past I	— — — — — — Medical History and Phy		nation	Work	cshoots)			
Treatment: None Partial Completed Hansen's disease, tuberculoid, borderline, or paucibacillary TB, inactive (Class B2, from Chest X-Ray Worksheet) Treatment: None Partial Completed See Section 4 on page 2 for TB treatment details Syphilis (with residual deficit), treated within the last year Other sexually transmitted infections, treated within last year Current pregnancy, number of weeks pregnant Other (specify or give details on checked conditions from worksheets) (2) Laboratory Findings (check all boxes that apply): Syphilis: Not done Test name Date(s) run (mm-dd-yyyy) Negative Positive Titer 1 Notes Date(s) treatment given (3 doses for penicillin) Date(s) treatment given (3 doses for penicillin)	 _				nauon	VVOIR	(SHEELS)			
TB, inactive (Class B2, from Chest X-Ray Worksheet) Treatment: None Partial Completed See Section 4 on page 2 for TB treatment details Syphilis (with residual deficit), treated within the last year Other sexually transmitted infections, treated within last year Current pregnancy, number of weeks pregnant Other (specify or give details on checked conditions from worksheets) (2) Laboratory Findings (check all boxes that apply): Syphilis: Not done Test name Date(s) run (mm-dd-yyyy) Negative Positive Titer 1 Notes Date(s) treatment given (3 doses for penicillin) Date(s) treatment given (3 doses for penicillin)	TB, active, no	ninfectious (Class B1, fro	m Chest X-Ray Worksheet)	Hans	en's dis	ease, p	rior treatme	ent		
substances Treatment: None Partial Completed See Section 4 on page 2 for TB treatment details Syphilis (with residual deficit), treated within the last year Other sexually transmitted infections, treated within last year Current pregnancy, number of weeks pregnant Other (specify or give details on checked conditions from worksheets) C2) Laboratory Findings (check all boxes that apply): Syphilis: Not done Test name Date(s) run (mm-dd-yyyy) Negative Positive Titer 1 Notes Date(s) treatment given (3 doses for penicillin) Partial Completed Any physical or mental disorder (excluding addiction or abuse of specific" substance-but including other substance-related disorder) without harmful behavior or history of such behavior unlikely to recur *amphetamines, cannabis, cocaine, hallucinogens, inhalants, opioids, phencyclidines, sedative-hypnotics, and anxiolytics Positive Titer 1 Notes Screening Confirmatory Treated If treated, therapy: Benzathine penicillin, 2.4 MU IM	Treatment:	None Partial	Completed	Hans	en's dis	ease, tı	uberculoid,	borderline, or paucibacillary		
Treatment: None Partial Completed See Section 4 on page 2 for TB treatment details Syphilis (with residual deficit), treated within the last year Other sexually transmitted infections, treated within last year Current pregnancy, number of weeks pregnant Other (specify or give details on checked conditions from worksheets) (2) Laboratory Findings (check all boxes that apply): Syphilis: Not done Test name Date(s) run (mm-dd-yyyy) Negative Positive Titer 1 Notes Screening Confirmatory Treated If treated, therapy: Benzathine penicillin, 2.4 MU IM Any physical or mental disorder (excluding addiction or abuse of specific* substance but including other substance-related disorder) without harmful behavior or history of such behavior unlikely to recur *amphetamines, cannabis, cocaine, hallucinogens, inhalants, opioids, phencyclidines, sedative-hypnotics, and anxiolytics Titer 1 Notes Date(s) treatment given (3 doses for penicillin)	TB, inactive (Class B2, from Chest X-Ray Worksheet)									
See Section 4 on page 2 for TB treatment details Syphilis (with residual deficit), treated within the last year Other sexually transmitted infections, treated within last year Current pregnancy, number of weeks pregnant Other (specify or give details on checked conditions from worksheets) Current prednancy, number of weeks pregnant Other (specify or give details on checked conditions from worksheets) Current pregnancy, number of weeks pregnant Other (specify or give details on checked conditions from worksheets) Current pregnancy, number of weeks pregnant Other (specify or give details on checked conditions from worksheets) Current pregnancy, number of weeks pregnant Other (specify or give details on checked conditions from worksheets) Current pregnancy, number of weeks pregnant Nother (specify or give details on checked conditions from worksheets) Current pregnancy, number of weeks pregnant Nother (specify or give details on checked conditions from worksheets) Notes Screening Confirmatory Treated If treated, therapy: Date(s) treatment given (3 doses for penicillin)										
Syphilis (with residual deficit), treated within the last year Other sexually transmitted infections, treated within last year Other sexually transmitted infections, treated within last year *amphetamines, cannabis, cocaine, hallucinogens, inhalants, opioids, phencyclidines, sedative-hypnotics, and anxiolytics Other (specify or give details on checked conditions from worksheets) Other (specify or give details on checked conditions from worksheets) Other (specify or give details on checked conditions from worksheets) Other (specify or give details on checked conditions from worksheets) Other (specify or give details on checked conditions from worksheets) Other (specify or give details on checked conditions from worksheets) Other (specify or give details on checked conditions from worksheets) Other (specify or give details on checked conditions from worksheets) Other (specify or give details on checked conditions from worksheets) Other (specify or give details on checked conditions from worksheets) Other (specify or give details on checked conditions from worksheets) Other (specify or give details on checked conditions from worksheets) Other (specify or give details on checked conditions from worksheets) Other (specify or give details on checked conditions from worksheets) Other (specify or give details on checked conditions from worksheets) Other (specify or give details on checked conditions from worksheets) Other (specify or give details on checked conditions from worksheets) Other (specify or give details on checked conditions from worksheets) Other (specify or give details on checked conditions from worksheets) Other (specify or give details on checked conditions from worksheets) Other (specify or give details on checked conditions from worksheets) Other (specify or give details on checked conditions from worksheets) Other (specify or give details on checked conditions from worksheets) Other (specify or give details on checked conditions from worksheet	See Section 4 on page 2 for TB treatment details									
Other sexually transmitted infections, treated within last year *amphetamines, cannabis, cocaine, hallucinogens, inhalants, opioids, phencyclidines, sedative-hypnotics, and anxiolytics Other (specify or give details on checked conditions from worksheets) (2) Laboratory Findings (check all boxes that apply): Syphilis:										
Current pregnancy, number of weeks pregnant	Other sexually transmitted infections, treated within last year			unlikely to recur						
Other (specify or give details on checked conditions from worksheets) (2) Laboratory Findings (check all boxes that apply): Syphilis: Not done Test name Date(s) run (mm-dd-yyyy) Negative Positive Titer 1 Notes Screening Confirmatory Date(s) treatment given (3 doses for penicillin) Yes Benzathine penicillin, 2.4 MU IM				·						
(2) Laboratory Findings (check all boxes that apply): Syphilis: Not done Test name Date(s) run (mm-dd-yyyy) Negative Positive Titer 1 Notes Screening Confirmatory Treated If treated, therapy: Yes Benzathine penicillin, 2.4 MU IM	opiolos, pilonoysilainos, oscialito inypriolos, and anxioysilos									
Syphilis: Not done Test name Date(s) run (mm-dd-yyyy) Negative Positive Titer 1 Notes Screening Confirmatory Treated If treated, therapy: Yes Benzathine penicillin, 2.4 MU IM Negative Positive Titer 1 Notes Date(s) treatment given (3 doses for penicillin)	U Other (specify	or give details on checke	eu conditions ironi worksneets							
Syphilis: Not done Test name Date(s) run (mm-dd-yyyy) Negative Positive Titer 1 Notes Screening Confirmatory Treated If treated, therapy: Yes Benzathine penicillin, 2.4 MU IM Negative Positive Titer 1 Notes Date(s) treatment given (3 doses for penicillin)										
Syphilis: Not done Test name Date(s) run (mm-dd-yyyy) Negative Positive Titer 1 Notes Screening Confirmatory Treated If treated, therapy: Yes Benzathine penicillin, 2.4 MU IM Notes Date(s) treatment given (3 doses for penicillin)	-									
Test name Date(s) run (mm-dd-yyyy) Negative Positive Titer 1 Notes Screening Confirmatory Treated If treated, therapy: Yes Benzathine penicillin, 2.4 MU IM Test name Date(s) run (mm-dd-yyyyy) Negative Positive Titer 1 Notes Date(s) treatment given (3 doses for penicillin)	(2) Laboratory Fi	ndings (check all be	oxes that apply):							
Screening Confirmatory Treated If treated, therapy: Benzathine penicillin, 2.4 MU IM Date(s) treatment given (3 doses for penicillin)	Syphilis:	□ Not do	ne		_		_			
Confirmatory Treated		Test name	Date(s) run (mm-dd-yyyy)	Negative	Posi	tive	Titer 1	Notes		
Confirmatory Treated	Screening				Г	ן ך				
Treated If treated, therapy: Date(s) treatment given (3 doses for penicillin) Pes Benzathine penicillin, 2.4 MU IM	·				┝	-				
Yes Benzathine penicillin, 2.4 MU IM		If treated, therapy:				Date/	s) treatmen	t diven (3 doses for penicillin)		
		_	, 2.4 MU IM			Date(o, ircaimen	t given (o doses for perilelilin)		
	□ No									

Main Medical Form

Immunizations (See Vaccinati	on Form, check all boxe	es that apply) Not required	for refugee applicants.				
Vaccine history complete	[Vaccine history incomplete, requesting waiver (indicate type below)					
Incomplete vaccine history, no w	Incomplete vaccine history, no waiver requested Blanket waiver						
rtify that I understand the purpose o	of the medical examination a	and I authorize the required test	s to be completed.				
Applicant Signature		Panel Physician Signature	Date (mm-dd-yyyy,				
Tuberculosis Treatment Regi (Fill out if applicant has tal known or not available, ma	ken in the past, or is n	ow taking TB medication	. If drug doses or dates not				
Check if therapy currently pres	cribed (if current, don't mark '	End Date")					
Medication	Dose/Interval (i.e., mg/day)	<u>Start Date</u> (mm-dd-yyy)	End Date (mm-dd-yyyy)				
☐ Isonaizid (INH)☐ Rifampin							
☐ Pyrazinamide ☐ Ethambutol							
Streptomycin							
Other, specify							
Applicant's weight (kg)							
marks							