

User Interface Design Presentation

CEAC Medical OMB Submission Part 1



Welcome Page: Not Signed In

Displayed for all users when first accessing the CEAC Medical website.



U.S. DEPARTMENT of STATE
CONSULAR ELECTRONIC APPLICATION CENTER

Contact Us

Welcome to the Consular Electronic Application Center!

You are not signed in.

[Sign In](#)

What you need:

- Your Internet browser must support 128-bit encryption and must have javascript enabled.
- The minimum version of Internet Explorer (Windows) that this site supports is version 6.0 or higher.
- The minimum version of Firefox that this site supports is version 2.0 or higher.



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Sign In Page

Displayed for all users.



CEAC Medical - Sign In

Sign In	
User Name:	<input type="text"/> (e.g. guest@yahoo.com)
Password:	<input type="password"/>
<input type="button" value="Sign In"/>	
Forgot Password?	

User Name:
Your user name is an email address.

Password:
If you cannot remember your password, click the Forgot Password link.



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Welcome Page: Signed In

Displayed for all users after signing in.

Contact Us | Sign Out

U.S. DEPARTMENT of STATE
CONSULAR ELECTRONIC APPLICATION CENTER

Hi, GUEST

Welcome to the Consular Electronic Application Center!

Welcome
GUEST
[changepassword.aspx](#)

What you need:

- Your Internet browser must support 128-bit encryption and must have javascript enabled.
- The minimum version of Internet Explorer (Windows) that this site supports is version 6.0 or higher.
- The minimum version of Firefox that this site supports is version 2.0 or higher.

Continue

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- The user can select the Change Password link if he/she needs to change the password associated with his/her login.

Select Applicant Page

Displayed for all users.

CEAC Medical - Select Applicant

Search Form

Physician Location
-SELECT ONE-

Applicant Type
-SELECT ONE-

Select the type of applicant you are completing the forms for:

- Immigrant Visa
- Refugee
- K or Other Non-Immigrant Visas
- Follow-to-Join
- Special Immigrant Visas from Afghanistan or Iraq

Immigrant Visa

Refugee

K and Other Non-Immigrant Visas
Fiancée visa applicants or other non-immigrant / temporary visitors

Follow-to-Join
Visa 92 follow-to-join asylee or Visa 93 follow-to-join refugee. Family members of these applicants have already been admitted to the U.S. as asylees or refugees.

Special Immigrant Visas from Afghanistan or Iraq

- Iraqi SIV — those in SQ1 (or SI1, in the case of interpreters) status who have been employed by the US government in Iraq for a period of at least one year after, March 2003
- Afghan SIV — those in SQ1 (or SI1, in the case of interpreters) status who have been employed by the US government in Afghanistan for a period of at least one year, after October 2001

Help: Physician Location
Select the location of the physician completing the forms.

Help: Applicant Type
Select the type of applicant you are completing the forms for.



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- The user selects his/her location from the 'Physician Location' drop-down.
- The user selects the type of applicant from the 'Applicant Type' drop-down.

Select Applicant Page: Immigrant Visa

Displayed if 'Applicant Type' is 'Immigrant Visa'.



CEAC Medical - Select Applicant

Search Form

Physician Location
TOKYO

Applicant Type
IMMIGRANT VISA

Search Criteria:

- The following items are required:
 - NVC Case Number or Passport/Travel Document Number
 - Surname (First five characters)
 - Year of Birth

NVC Case Number:
(e.g., TKY2000744003)

Passport/Travel Document Number:

Surname:
First five letters (e.g., SAMPL)

Year of Birth:
(e.g., 1951)

Help: Physician Location
Select the location of the physician completing the forms.

Help: Applicant Type
Select the type of applicant you are completing the forms for.

Immigrant Visa

Help: Case Number
Enter the case number provided by the applicant as provided to them, if they have one.

Help: Passport/Travel Document Number
If the case number is not available, please enter the applicant's passport/travel document number.



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- The user fills in NVC Case Number or the Passport/Travel Document Number.
- The user fills in the Applicant's Surname and Year of Birth.
- The user clicks 'Submit' to retrieve a list of applicants that fits the search criteria.

Select Applicant Page: Refugee Applicant

Displayed if 'Applicant Type' is 'Refugee Applicant'.



CEAC Medical - Select Applicant

Search Form

Physician Location
TOKYO

Applicant Type
REFUGEE [Create new refugee](#)

Search Criteria:

- At least two of the following is required:
 - Passport/Travel Document Number
 - Surname
 - Year of Birth

Reminder:

- Please specify enough parameters to narrow your search. Very large queries will not be allowed to complete.

Passport/Travel Document Number:

Surname: BEGINS WITH...

Given Name: BEGINS WITH...

Date of Birth:
• Begins With...
• Exact Match...
(Format: DD-MMM-YYYY)

Help: Physician Location
Select the location of the physician completing the forms.

Help: Applicant Type
Select the type of applicant you are completing the forms for.

Refugee

Help: Create New Refugee
If your search did not return an applicant, click the Create New Refugee link. Once on the Create New Refugee page, enter the applicant's name, date of birth, and Passport Number or Travel Document Number as they appear on the document. Fill in as much of the other information as possible and click the Save button.

Help: Passport/Travel Document Number
If the passport/travel document number is invalid or not available, please enter the applicant's surname and the applicant's year of birth.



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- The user enters 'Passport Number' or 'Travel Document Number'.
- The user selects 'Begins with' or 'Exact match' from the drop-down and enters the applicant's full or partial 'Surname' and 'Given Name'.
- The user enters 'Year of Birth'.
- The user clicks 'Submit'. If an applicant who matches the search criteria is found, he/she is displayed. If not, the user can select the 'Create New Refugee' link.

Refugee Personal Information Page

Displayed if the user clicks the 'Create New Refugee' link on the Select Applicant page.



CEACMed - Refugee Personal Information

<p>Surnames <input type="text"/> (e.g., FERNANDEZ GARCIA)</p> <p>Given Names <input type="text"/> (e.g., JUAN MIGUEL)</p> <p>Sex <input type="radio"/> Male <input type="radio"/> Female</p> <p>Date of Birth <input type="text"/> <input type="text"/> <input type="text"/> (Format: DD-MMM-YYYY)</p> <p>City of Birth <input type="text"/> State/Province of Birth <input type="text"/> <input type="checkbox"/> Does Not Apply</p> <p>Country of Birth <input type="text" value="- SELECT ONE -"/></p> <p>Provide the following information on your travel documentation: Document Type <input type="text" value="- SELECT ONE -"/></p> <p>Alien Registration Number <input type="text"/> (e.g., A123456789)</p> <p>Prior Country of Residence <input type="text" value="- SELECT ONE -"/></p>	<p>Help: Surnames Enter all surnames as listed in your passport or travel documentation. If only one name is listed, enter that as your surname.</p> <p>Help: Given Names Your given name includes any first name and any middle name that is listed in your passport or travel documentation. If your passport or travel documentation does not include a given name, please enter 'FNU' in Given Names.</p> <p>Help: Date of Birth If day or month is unknown, enter as shown in passport or travel document.</p> <p>Help: Country of Birth The name of the country should be the name that is currently in use for the place where you were born.</p> <p>Help: Travel Documentation Enter the information on the travel document you will be using when traveling to the U.S. Your travel document should be a valid, unexpired passport or other valid, unexpired documentation that is sufficient to establish your identity and nationality. If you do not have a passport, contact the NVC.</p>
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[Back: Select Applicant](#) [Save](#)



- The user enters as many of the fields as are known and clicks 'Save'.

Select Applicant Page: K And Other Non-Immigrant Visas

Displayed if 'Applicant Type' is 'K and Other Non-Immigrant Visas'.



CEAC Medical - Select Applicant

Search Form

Physician Location
TOKYO

Applicant Type
K AND OTHER NON-IMMIGRANT VISAS

Search Criteria:

- At least two of the following is required:
 - Application Receipt/Petition Number
 - Surname (First five characters)
 - Year of Birth

Application Receipt/Petition Number:
(e.g., WAC9308650642)

Surname:
First five letters (e.g., SAMPL)

Year of Birth:
(e.g., 1951)

Help: Physician Location
Select the location of the physician completing the forms.

Help: Applicant Type
Select the type of applicant you are completing the forms for.

K and Other Non-Immigrant Visas
Fiancée visa applicants or other non-immigrant / temporary visitors

Help: Application Receipt/Petition Number
The application receipt/petition number was given to the applicant by the Department of Homeland Security's United States Citizenship and Immigration Services (USCIS) after they filed their petition application at a USCIS Service Center. The application receipt/petition number is 13 characters long and the first three characters are letters.



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- The user enters 'Petition Number'.
- The user enters at least two of the following fields: 'Passport Number', 'Surname', or 'Year of Birth'.
- The user clicks 'Submit'. If an applicant who matches the search criteria is found, he/she is displayed.

Select Applicant Page: Follow-to-Joins

Displayed if 'Applicant Type' is 'Follow-to-Join'.

CEAC Medical - Select Applicant

Search Form

Physician Location
CIUDAD JUAREZ ▼

Applicant Type
FOLLOW-TO-JOIN ▼

Search Criteria:

- The following items are required:
 - NVC Case Number or Passport/Travel Document Number
 - Surname (First five characters)
 - Year of Birth

NVC Case Number:
(e.g., TKY2000744003)

Passport/Travel Document Number:

Surname:
First five letters (e.g., SAMPL)

Year of Birth:
(e.g., 1951)

Help: Physician Location

Select the location of the physician completing the forms.

Help: Applicant Type

Select the type of applicant you are completing the forms for.

Follow-to-Join

Visa 92 follow-to-join asylee or Visa 93 follow-to-join refugee. Family members of these applicants have already been admitted to the U.S. as asylees or refugees.

Help: Case Number

Enter the case number provided by the applicant as provided to them, if they have one.

Help: Passport/Travel Document Number

If the case number is not available, please enter the applicant's passport/travel document number.



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- The user enters 'NVC Case Number' or 'Passport/Travel Document Number'.
- The user enters 'Surname' and 'Year of Birth'.
- The user clicks 'Submit'. If an applicant who matches the search criteria is found, he/she is displayed.

Select Applicant Page: Special Immigrants from Iraq and Afghanistan

Displayed if 'Applicant Type' is 'Special Immigrant from Iraq and Afghanistan'.



CEAC Medical - Select Applicant

Search Form

Physician Location
CIUDAD JUAREZ

Applicant Type
SPECIAL IMMIGRANT VISAS FROM AFGHANISTAN OR IRAQ

Search Criteria:

- The following items are required:
 - NVC Case Number or Passport/Travel Document Number
 - Surname (First five characters)
 - Year of Birth

NVC Case Number:
(e.g., TKY2000744003)

Passport/Travel Document Number:

Surname:
First five letters (e.g., SAMPL)

Year of Birth:
(e.g., 1951)

Help: Physician Location
Select the location of the physician completing the forms.

Help: Applicant Type
Select the type of applicant you are completing the forms for.

Special Immigrant Visas from Afghanistan or Iraq
Iraqi SIV—those in SQ1 (or S11, in the case of interpreters) status who have been employed by the US government in Iraq for a period of at least one year after, March 2003.
Afghan SIV—those in SQ1 (or S11, in the case of interpreters) status who have been employed by the US government in Afghanistan for a period of at least one year, after October 2001.

Help: Case Number
Enter the case number provided by the applicant as provided to them, if they have one.

Help: Passport/Travel Document Number
If the case number is not available, please enter the applicant's passport/travel document number.



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- The user enters 'NVC Case Number' or 'Passport /Travel Document Number'.
- The user enters 'Surname' and 'Year of Birth'.
- The user clicks 'Submit'. If an applicant who matches the search criteria is found, he/she is displayed.

Select Applicant Page: Search Results

Displayed for all users after entering search criteria and matches are found. The list of applicants will be the same for all applicant types.



CEAC Medical - Select Applicant

Search Results

[Return to Search Form](#)

Select an applicant from the list below.

Case Num	Passport/Travel Doc	Applicant Name	Date of Birth	Medical Record Exists?	
CDJ2005607643		SAMPLE, MARIA	25AUG1974	Select	<input type="checkbox"/>
CDJ2005607643		TEST, TEST	12JAN2011	Select	<input type="checkbox"/>



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- All applicants that meet the search criteria are displayed. If there are multiple applicants associated to one case, they are displayed as well.
- The user clicks 'Select' for the applicant he/she would like to work on the forms.

Summary Information Page: 2053e and 3024e

Displayed for users requiring the 2053e and 3024e set of forms.

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CONSULAR ELECTRONIC APPLICATION CENTER

Contact Us | Sign Out
Hi, GUEST@YAHOO.COM

DS2053 DS3025 DS3026 DS3024 Submit

CEAC Medical - Summary Information

Applicant: MARIA SAMPLE

Medical Forms

 DS-2053: MEDICAL EXAMINATION FOR IMMIGRANT OR REFUGEE APPLICANT	Incomplete	View/Edit
 DS-3025: VACCINATION DOCUMENTATION WORKSHEET	Incomplete	View/Edit
 DS-3026: MEDICAL HISTORY AND PHYSICAL EXAMINATION WORKSHEET	Incomplete	View/Edit
 DS-3024: CHEST X-RAY AND CLASSIFICATION WORKSHEET	Incomplete	View/Edit

Help: Medical Forms

Select the medical form from the toolbar on the top of the page or from the table on the left.

[Back: Select Applicant](#)



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- The user selects the 'View/Edit' link to select the form to work on. The form will be displayed.
- The user selects the 'Back: Select Applicant' button if he/she would like to go back to Select Applicant pages.

Summary Information Page: 2054e and 3030e

Displayed for users requiring the 2054e and 3030e set of forms.

Applicant: MARIA SAMPLE

Medical Forms

DS-2054: MEDICAL EXAMINATION FOR IMMIGRANT OR REFUGEE APPLICANT	Not Started	Start
DS-3025: VACCINATION DOCUMENTATION WORKSHEET	Not Started	Start
DS-3026: MEDICAL HISTORY AND PHYSICAL EXAMINATION WORKSHEET	Not Started	Start
DS-3030: CHEST X-RAY AND CLASSIFICATION WORKSHEET	Not Started	Start

Help: Medical Forms

Select the medical form from the toolbar on the top of the page or from the table on the left.

[Back: Select Applicant](#)

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- The user selects the 'View/Edit' link to select the form to work on. The form will be displayed.
- The user selects the 'Back: Select Applicant' button if he/she would like to go back to Select Applicant pages.

DS-2053e: Getting Started Page

Displayed for all users requiring use of the 2053e form.

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CONSULAR ELECTRONIC APPLICATION CENTER

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Medical Examination For Immigrant Or Refugee Applicant (DS-2053e)

Getting Started

NOTE: If there is no activity for 20 minutes or more in the process of completing this online application, your session will expire and some data might be lost. Data entered will be saved as you advance through the application by clicking the Next button. However, data on the current page will be lost if there is no activity for 20 minutes.

Click the button below to begin the Medical Examination For Immigrant Or Refugee Applicant (DS-2053e)

The following instructions contain important information about completing this form. Please read all instructions carefully.

Instructions for completing the Medical Examination For Immigrant Or Refugee Applicant (DS-2053e):

These forms can only be completed by panel physicians appointed by the Department of State. Please abide by the following guidelines in completing the forms:

1. Enter the information requested into the appropriate spaces in each window. Please answer all questions. Your answers must be in English and must use English characters, except when you are asked to provide your full name in your native alphabet. Letters like ñ, é, ú, ç are not recognized by the system. Please enter names like Muñoz and Sempin as Muroz and Sempin, unless otherwise asked.
2. Review the information you entered for accuracy.
3. All exams must be performed in accordance with the Centers for Disease Control and Prevention's (CDC) Technical Instructions and their updates.

Begin/Resume Medical Form Process:

Continue

- The user selects the 'Continue' button.

DS-2053e: Personal Information Page

Displayed for all users requiring use of the 2053e form.

[Home](#) | [Contact Us](#) | [Help](#) | [Sign Out](#)

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Medical Examination For Immigrant Or Refugee Applicant (DS-2053e)

OMB CONTROL NUMBER: 1405-0113
FORM NUMBER: DS-2053e
EXPIRATION DATE: 04/30/2012
ESTIMATED BURDEN: 10 MIN

Personal Information

Case Number

 Did Not Provide

A Number

 Did Not Provide

Surname ⓘ

Given Name ⓘ

Sex
 Male Female

Date of Birth ⓘ

(Format: DD-MMM-YYYY)

Passport

Country/Authority That Issued Passport

Passport Number

 Did Not Provide

Place of Birth

City of Birth

 Did Not Provide

Country of Birth ⓘ

Country of Residence

Present Country of Residence

Prior Country of Residence

 Does Not Apply

U.S. Consul

U.S. Consul City

U.S. Consul Country

PAPERWORK REDUCTION ACT: Public reporting burden for this collection of information is estimated to average 10 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: **A/GIS/DIR, Room 2400 5A-22, U.S. Department of State, Washington, DC 20522-2202**

CONFIDENTIALITY STATEMENT: AUTHORITIES: The information asked for on this form is requested pursuant to Section 212(a) and 221(d) and as required by Section 222 of the Immigration and Nationality Act. Section 222(f) provides that the records of the Department of State and of diplomatic and consular offices of the United States pertaining to the issuance and refusal of visas or permits to enter the United States shall be considered confidential and shall be used only for the formulation, amendment, administration, or enforcement of the immigration, nationality, and other laws of the United States. Certified copies of such records may be made available to a court provided the court certifies that the information contained in such records is needed in a case pending before the court. **PURPOSE:** The U.S. Department of State uses the facts you provide on this form primarily to determine your classification and eligibility for a U.S. immigrant visa. Individuals who fail to submit this form or who do not provide all the requested information may be denied a U.S. immigrant visa. Although furnishing this information is voluntary, failure to provide this information may delay or prevent the processing of your case. **ROUTINE USES:** If you are issued an immigrant visa and are subsequently admitted to the United States as an immigrant, the Department of Homeland Security will use the information on this form to issue you a Permanent Resident Card, and, if you so indicate, the Social Security Administration will use the information to issue a social security number. The information provided may also be released to federal agencies for law enforcement, counterterrorism 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.

◀ Back: Getting Started Save Next: Medical Exam ▶

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- The following fields are required: 'Surname', 'Given Name', 'Sex', 'Date of Birth', 'City of Birth' or 'Did Not Provide', 'Prior Country of Residence' or 'Does Not Apply', 'Passport Number' or 'Does Not Apply', 'A Number' or 'Does Not Apply', 'Case Number' or 'Does Not Apply'.
- 'Date of Birth' can be a partial date for refugee applicants; the full date is required for all other applicant types.

CEAC Medical OMB Package

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DS-2053e: Medical Exam Information Page

Displayed for all users requiring use of the 2053e form.

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Medical Examination For Immigrant Or Refugee Applicant (DS-2053e)

Medical Exam Information

Medical Exam Dates

Date of Medical Exam
(Format: DD-MMM-YYYY)

Date of Prior Exam, if any
(Format: DD-MMM-YYYY)
 Does Not Apply

Date Exam Expires
(Format: DD-MMM-YYYY)

Exam Place

City

Country
-SELECT ONE-

Screening Details

Panel Physician Surname

Panel Physician Given Name

Screening Site Name

Radiology Services

Lab Name for TB
 Does Not Apply

Lab Name for Syphilis
 Does Not Apply

◀ Back: Personal Information Save Next: Classification ▶

Help: Navigation Buttons

Click on the buttons above to access previously entered data.



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- The following fields are required: 'Date of Medical Exam', 'Date of Prior Exam' or 'Does Not Apply', 'Date Exam Expires', 'Exam Place City', 'Exam Place Country', 'Lab Name for TB' or 'Does Not Apply' (if the applicant has a TB condition listed on the 2053e, the 'Lab Name for TB' field must be filled out), and 'Lab Name for Syphilis' or 'Does Not Apply'.
- 'Date of Medical Exam' must be a full date.
- 'Date of Prior Exam' can be a partial date.
- 'Date Exam Expires' must be a full date.

DS-2053e: Classification Page

Displayed for all users requiring use of the 2053e form.

[Home](#) | [Contact Us](#) | [Help](#) | [Sign Out](#)

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Medical Examination For Immigrant Or Refugee Applicant (DS-2053e)

Classification

Check all boxes that apply.

These items cannot be selected together:
Class A Syphilis / Class B Syphilis
Class A Hansen's Disease / Class B Hansen's Disease options
Class B Hansen's Disease multibacillary / Class B Hansen's Disease paucibacillary
Class B active TB / Class B inactive TB

No apparent defect, disease, or disability (see DS-3024e, DS-3025e & DS-3026e)

Class A Conditions (from DS-3024e)

<input type="checkbox"/> TB, active, infectious (Class A, from DS-3024e)	<input type="checkbox"/> Lymphogranuloma venereum, untreated
<input type="checkbox"/> Syphilis, untreated	<input type="checkbox"/> Hansen's disease, untreated multibacillary
<input type="checkbox"/> Chancroid, untreated	<input type="checkbox"/> Addiction or abuse of specific substance ⓘ
<input type="checkbox"/> Gonorrhea, untreated	<input type="checkbox"/> Any physical or mental disorder (including other substance-related disorder) with harmful behavior or history of such behavior likely to recur
<input type="checkbox"/> Granuloma inguinale, untreated	

Class B Conditions (from DS-3026e)

<input type="checkbox"/> TB, active, noninfectious (Class B1, from DS-3024e) Treatment: <input type="radio"/> None <input type="radio"/> Partial <input type="radio"/> Completed	<input type="checkbox"/> Hansen's disease, treated, multibacillary Treatment: <input type="radio"/> Partial <input type="radio"/> Completed
<input type="checkbox"/> TB, inactive (Class B2 from DS-3024e) See TB Treatment Regimen page for details Treatment: <input type="radio"/> None <input type="radio"/> Partial <input type="radio"/> Completed	<input type="checkbox"/> Hansen's disease, paucibacillary Treatment: <input type="radio"/> None <input type="radio"/> Partial <input type="radio"/> Completed
<input type="checkbox"/> Syphilis (with residual deficit) treated within the last year	<input type="checkbox"/> Sustained, full remission of addiction or abuse of specific substances ⓘ
<input type="checkbox"/> Current pregnancy: Number of weeks pregnant: <input type="text"/>	<input type="checkbox"/> 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 ⓘ
<input type="checkbox"/> Other (specify or give details on checked conditions above) <input style="width: 100%;" type="text"/>	

◀ Back: Medical Exam Save Next: Laboratory Findings ▶

- ✓ Getting Started
- ✓ Personal
- ✓ Medical Exam
- ✓ Classification ▶
- ✓ Laboratory Findings
- ✓ Immunizations
- ✓ TB Treatment Regimen

Help: Navigation Buttons

Click on the buttons above to access previously entered data.

- One of the main classification fields must be selected ('No apparent defect...', 'Class A Condition', or 'Class B Condition').

DS-2053e: Lab Findings Page

Displayed for all users requiring use of the 2053e form. Answered 'Not Done' to 'Syphilis Lab', no additional fields are displayed.

The screenshot shows the 'Medical Examination For Immigrant Or Refugee Applicant (DS-2053e)' page. At the top, there is a navigation bar with 'Home', 'Contact Us', 'Help', and 'Sign Out'. Below this is a header for the 'U.S. DEPARTMENT of STATE CONSULAR ELECTRONIC APPLICATION CENTER'. A secondary navigation bar contains 'COMPLETE', 'PHOTO', 'REVIEW', and 'SIGN'. The main content area is titled 'Laboratory Findings' and features a 'Syphilis Lab' section with a 'Performed' label and two radio buttons: 'Done' (unchecked) and 'Not done' (checked). A left sidebar lists navigation options: 'Getting Started', 'Personal', 'Medical Exam', 'Classification', 'Laboratory Findings' (selected), 'Immunizations', and 'TB Treatment Regimen'. Below the sidebar is a 'Help: Navigation Buttons' section with a note: 'Click on the buttons above to access previously entered data.' At the bottom of the main content area, there are three buttons: 'Back: Classification', 'Save', and 'Next: Immunizations'. A footer contains a disclaimer: 'This site is managed by the Bureau of Consular Affairs, U.S. Department of State. External links to other Internet sites should not be construed as an endorsement of the views contained therein.' with links for 'Copyright Information', 'Disclaimers', and 'Paperwork Reduction Act and Confidentiality Statement'.

- The following fields are required: 'Done' or 'Not Done'.

DS-2053e: Lab Findings Page

Displayed for all users requiring use of the 2053e form. Answered 'Done' to 'Syphilis Lab', the Screening Test fields are displayed.

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CONSULAR ELECTRONIC APPLICATION CENTER

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Medical Examination For Immigrant Or Refugee Applicant (DS-2053e)

Laboratory Findings

Syphilis Lab

Performed
 Done Not done

Screening Test

Screening Test Name
- SELECT ONE -

Date Run
(Format: DD-MMM-YYYY)

Result

Titer 1
(Format: x:xxxx)

Notes *Optional

- VDRL (Venereal Disease Reference Laboratory)
- RPR (Rapid Plasma Reagin)
- Positive
- Negative

◀ Back: Classification Save Next: Immunizations ▶

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- The following fields are required: 'Done' or 'Not Done'.
- If the 'Result' field is 'Positive', the 'Confirmatory Test' fields will be displayed.
- 'Date Run' must be a full date.

DS-2053e: Lab Findings Page

Displayed for all users requiring use of the 2053e form. Answered 'Done' to 'Syphilis Lab' and 'Positive' to 'Screening Test Result', the Confirmatory Test fields are displayed.

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Medical Examination For Immigrant Or Refugee Applicant (DS-2053e)

Laboratory Findings

Syphilis Lab

Performed
 Done Not done

Screening Test

Screening Test Name
- SELECT ONE -

Date Run [] [] [] [] [] []
(Format: DD-MMM-YYYY)

Result
POSITIVE

Titer 1
[] [] [] [] [] []
(Format: x:xxxx)

Notes *Optional

Confirmatory Test

Confirmatory Test Name
- SELECT ONE -

Date Run [] [] [] [] [] []
(Format: DD-MMM-YYYY)

Result [] [] [] [] [] []

Titer 1
[] [] [] [] [] []
(Format: x:xxxx)

Notes *Optional

• TPHA (Treponema Pallidum Hemagglutination Assay)
• FTA-ABS (Florscent Treponemal Antibody Absorbed)

• Positive
• Negative

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- The following fields are required: 'Done' or 'Not Done'.
- If the 'Result' field is 'Positive', the 'Treatment' fields will be displayed.
- 'Date Run' must be a full date.

DS-2053e: Lab Findings Page

Displayed for all users requiring use of the 2053e form. Answered 'Done' to 'Syphilis Lab', 'Positive' to 'Screening Test Result', and 'Positive' to 'Confirmatory Test Result', the Treatment fields are displayed. Answered 'No' to 'Treatment', no additional fields are displayed.

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Medical Examination For Immigrant Or Refugee Applicant (DS-2053e)

Laboratory Findings

Syphilis Lab

Performed
 Done Not done

Screening Test

Screening Test Name
- SELECT ONE -

Date Run [] [] [] [] [] [] [] [] [] []
(Format: DD-MMM-YYYY)

Result
POSITIVE

Titer 1
[] [] [] [] [] [] [] [] [] []
(Format: x:xxxx)

Notes *Optional

Confirmatory Test

Confirmatory Test Name
- SELECT ONE -

Date Run [] [] [] [] [] [] [] [] [] []
(Format: DD-MMM-YYYY)

Result
POSITIVE

Titer 1
[] [] [] [] [] [] [] [] [] []
(Format: x:xxxx)

Notes *Optional

Treatment

Yes No
 Treated

Back: Classification Save Next: Immunizations

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- The following fields are required: 'Done' or 'Not Done'.

DS-2053e: Lab Findings Page

Displayed for all users requiring use of the 2053e form. Answered 'Done' to 'Syphilis Lab', 'Positive' to 'Screening Test Result', and 'Positive' to 'Confirmatory Test Result', the Treatment fields are displayed. Answered 'Yes' to 'Treatment', additional fields are displayed.

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Medical Examination For Immigrant Or Refugee Applicant (DS-2053e)

- Getting Started
- Personal
- Medical Exam
- Classification
- Laboratory Findings ▶
- Immunizations
- TB Treatment Regimen

Help: Navigation Buttons

Click on the buttons above to access previously entered data.

Laboratory Findings

Syphilis Lab

Performed
 Done Not done

Screening Test

Screening Test Name
- SELECT ONE -

Date Run Result Titer 1
(Format: DD-MMM-YYYY) (Format: x:xxxx)

Notes **Optional*

Confirmatory Test

Confirmatory Test Name
- SELECT ONE -

Date Run Result Titer 1
(Format: DD-MMM-YYYY) (Format: x:xxxx)

Notes **Optional*

Treatment

Yes No Treated

Therapy:

Benzathine penicillin, 2.4 MU IM

Other (therapy, dose):E

Date(s) treatment given (3 doses for penicillin):

(Format: DD-MMM-YYYY) (Format: DD-MMM-YYYY) (Format: DD-MMM-YYYY)

◀ Back: Classification | Save | Next: Immunizations ▶



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- The following fields are required: 'Done' or 'Not Done'.
- 'Date(s) treatment given' must be full dates.

DS-2053e: Immunizations Page

Displayed for all users requiring use of the 2053e form.

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Medical Examination For Immigrant Or Refugee Applicant (DS-2053e)

Immunizations

Not required for refugee applicants.

Vaccine History:

- Completed
- Incomplete
- Incomplete, requesting waiver

Waiver Type:

- Blanket waiver
- Individual waiver

Help: Navigation Buttons

Click on the buttons above to access previously entered data.

◀ Back: Laboratory Findings Save Next: TB Treatment Regimen ▶

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- The user must select one of the options in the 'Vaccine History' drop-down.
- If 'Requesting Waiver' is selected from 'Vaccine History', then one of the options in 'Waiver Type' must be selected.

DS-2053e: TB Treatment Regimen Page

Displayed for all users requiring use of the 2053e form.

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Medical Examination For Immigrant Or Refugee Applicant (DS-2053e)

TB Treatment Regimen

Fill out if applicant has taken in the past, or is now taking TB medication. If drug doses or dates not known or not available, mark 'Unknown'.
If currently prescribed, do not mark End Date.
To add another TB Treatment Regimen, click on 'Add Another' at the bottom of the treatments area.

Not applicable

TB Treatments

Medication	Dose (e.g., mg)	Interval (e.g., daily)	Dates (Format: DD-MMM-YYYY)
<input type="text" value="- SELECT ONE -"/>	<input type="text"/> <input type="checkbox"/> Unknown	<input type="text"/> <input type="checkbox"/> Unknown	Start: <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> Unknown End: <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> Currently prescribed <input type="checkbox"/> Unknown

[* Add Another](#) [- Remove](#)

Applicant's pre-treatment weight (kg)
 .

Date

(Format: DD-MMM-YYYY)

Remarks **Optional*

[← Back: Immunizations](#) [Save](#) [Next: PHOTO →](#)

Help: Navigation Buttons

Click on the buttons above to access previously entered data.

- Isonaizid (INH)
- Rifampin
- Pyrazinamide
- Ethambutol
- Streptomycin
- Other (Specify)



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- The following fields are required: 'Not Applicable' or at least one row of medications.
- If there is a medication listed, the following must be filled in:
 - Medication
 - 'Currently prescribed', 'End Date', or 'Unknown'
 - 'Dose' or 'Unknown'
 - 'Interval' or 'Unknown'
 - 'Start Date' or 'Unknown'
- 'Start Date', 'End Date', and 'Date' must be full dates.

DS-2053e: TB Treatment Regimen Page

Displayed for all users requiring use of the 2053e form. Answered 'Not Applicable', all fields are disabled.

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Medical Examination For Immigrant Or Refugee Applicant (DS-2053e)

TB Treatment Regimen

Fill out if applicant has taken in the past, or is now taking TB medication. If drug doses or dates not known or not available, mark 'Unknown'.

If currently prescribed, do not mark End Date.

To add another TB Treatment Regimen, click on 'Add Another' at the bottom of the treatments area.

Not applicable

TB Treatments

Medication	Dose (e.g., mg)	Interval (e.g., daily)	Dates (Format: DD-MMM-YYYY)
- SELECT ONE -	<input type="text"/> <input type="checkbox"/> Unknown	<input type="text"/> <input type="checkbox"/> Unknown	Start: <input type="text"/> - <input type="text"/> - <input type="text"/> <input type="checkbox"/> Unknown End: <input type="text"/> - <input type="text"/> - <input type="text"/> <input type="checkbox"/> Currently prescribed <input type="checkbox"/> Unknown

Applicant's pre-treatment weight (kg)
 .

Date
--

Remarks **Optional*

◀ Back: Immunizations | Save | Next: PHOTO ▶

Help: Navigation Buttons

Click on the buttons above to access previously entered data.

- ✓ Getting Started
- ✓ Personal
- ✓ Medical Exam
- ✓ Classification
- ✓ Laboratory Findings
- ✓ Immunizations
- ✓ TB Treatment Regimen ▶



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DS-2053e: TB Treatment Regimen Page

Displayed for all users requiring use of the 2053e form. Answered 'OTHER (SPECIFY)' to 'Medication', 'Specify other medication' field is displayed.

Medical Examination For Immigrant Or Refugee Applicant (DS-2053e)

TB Treatment Regimen

Fill out if applicant has taken in the past, or is now taking TB medication. If drug doses or dates not known or not available, mark 'Unknown'.

If currently prescribed, do not mark End Date.

To add another TB Treatment Regimen, click on 'Add Another' at the bottom of the treatments area.

Not applicable

TB Treatments

Medication	Dose (e.g., mg)	Interval (e.g., daily)	Dates (Format: DD-MMM-YYYY)
OTHER (SPECIFY) Specify other medication: <input type="text"/>	<input type="text"/> <input type="checkbox"/> Unknown	<input type="text"/> <input type="checkbox"/> Unknown	Start: <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> Unknown End: <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> Currently prescribed <input type="checkbox"/> Unknown

[Add Another](#) [Remove](#)

Applicant's pre-treatment weight (kg)

 .

Date

(Format: DD-MMM-YYYY)

Remarks **Optional*

[Back: Immunizations](#)

[Save](#)

[Next: PHOTO](#)



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DS-2053e: Upload Photo Page

Displayed for all users requiring use of the 2053e form.

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COMPLETE PHOTO REVIEW SIGN

Upload Photo

Click on the Upload Your Photo button below to access our photo submission system. Once there you will be given instructions on how to supply an approved photo for your Visa application. After you have selected the photo to upload and the system verifies the photo is acceptable, you will return to "Confirm Photo" to continue the application process.

Help: Navigation Buttons

Click on the buttons above to access previously entered data.

Upload Your Photo

Back: COMPLETE Save Next: Confirm Photo

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DS-2053e: Upload Photo Page

Displayed for all users requiring use of the 2053e form.



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Upload Photo

Photo Quality Standards

In order to ensure the highest quality photos will be used in the final printed travel document, the Department of State has created a guide for you to use when creating and uploading your photos [\[see photo quality standards guide\]](#).

Select Your Photo

Click the "Browse" button and choose a JPEG format image (i.e., .jpg file type) that is 240 KB or less in file size.

Selected Photo:

Photo:

◀ Back: Cancel

Next: Upload Selected Photo ▶



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DS-2053e: Signature Page

Displayed for all users requiring the use of the 2053e form. Only users logged in as a Panel Physician can sign the page.

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Medical Examination For Immigrant Or Refugee Applicant (DS-2053e)
Sign and Certify

Sign And Certify

Help: Navigation Buttons

Click on the buttons above to access previously entered data.

Read the following information carefully before dating, and electronically signing the form.

This form is now ready to be signed. By clicking "Sign Form," you are electronically signing the form. As a selected Panel Physician, you are required to electronically sign the form yourself. Your electronic signature certifies that you have performed this medical examination in accordance with the Centers for Disease Control and Prevention's (CDC) Technical Instructions and their updates, read and understood the questions in this form, and that your answers are true and correct to the best of your knowledge and belief.

Tuesday, October 26, 2010 - 11:50:30 AM EST

E-Signature

Enter your password:

Enter the code below as shown:

STUD27

Click the button below to electronically sign the form:

Sign Form

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- The form cannot be signed unless the 3024, 3025, and 3026 have been signed.

DS-2053e: Signature Page

Displayed after the panel physician has signed the 2053e form.



The screenshot shows the 'SIGN' step of the DS-2053e application process. At the top, there is a navigation bar with 'Home', 'Contact Us', 'Help', and 'Sign Out' links. Below this is the U.S. Department of State logo and the text 'U.S. DEPARTMENT of STATE CONSULAR ELECTRONIC APPLICATION CENTER'. A progress bar indicates the current step is 'SIGN', with previous steps 'COMPLETE', 'PHOTO', and 'REVIEW' shown as completed. The main heading is 'Medical Examination For Immigrant Or Refugee Applicant (DS-2053e)' with an 'Unsign' button. A 'Sign And Certify' button is also present. A help section titled 'Help: Navigation Buttons' provides instructions on using the navigation buttons. The central message states 'You have successfully signed the form.' and instructs the user to 'Click 'Continue' to return to Summary page.' with a 'Continue' button. At the bottom, a footer contains a copyright notice and links to 'Copyright Information', 'Disclaimers', and 'Paperwork Reduction Act and Confidentiality Statement'.

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COMPLETE PHOTO REVIEW SIGN

Medical Examination For Immigrant Or Refugee Applicant (DS-2053e)

Sign And Certify

Help: Navigation Buttons

Click on the buttons above to access previously entered data.

You have successfully signed the form.

Click 'Continue' to return to Summary page.

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