

**Instructions to Panel Physicians for Completing New U.S. Department of State  
MEDICAL EXAMINATION FOR IMMIGRANT OR REFUGEE APPLICANT  
(DS-2053)  
and Associated WORKSHEETS (DS-3024, DS-3025, and DS-3026)**

All immigrant and refugee applicants must have a physical examination and mental status assessment as part of their application process. The purpose of the migration health assessment is to determine if medical conditions or mental disorders exist that would:

1. Make the applicant inadmissible.
2. Need to be followed up after resettlement.
3. Require the applicant to receive long-term institutionalization or maintenance income provided by the U.S. government after resettlement that is to become a *public charge*.<sup>1</sup>

The Centers for Disease Control and Prevention (CDC) has the authority to:

1. Develop the methods to identify inadmissible conditions on health-related grounds.<sup>2</sup>
2. Develop methods to identify applicants who have medical conditions that have the potential to make them become public charges.<sup>3</sup> Resettled applicants in whom these medical conditions are identified and treated early will have fewer complications and reduced risk of becoming public charges.

The process by which immigrant and refugee applicants are evaluated and classified includes five components: past medical history, physical examination, chest radiograph (X-ray), laboratory tests, and immunization assessment. Panel physicians are responsible for the entire process and, because determining the final classifications can be complex, worksheets have been developed by the Centers for Disease Control and Prevention, Division of Global Migration and Quarantine and the Department of State to assist them in the process. These instructions are intended to assist panel physicians in using these new forms so that required information is provided for every U.S.-bound immigrant and refugee.

**The MEDICAL EXAMINATION FOR IMMIGRANT OR REFUGEE APPLICANT  
(DS-2053)**

**is the summary page of the worksheets (DS-3024, DS-3025, and DS-3026) and  
includes the results of the routine laboratory tests.**

**Therefore, the use of the worksheets will be explained first.**

**For medical updates and clarifications to the new forms, see**

**[www.cdc.gov/ncidod/dq/technica.htm](http://www.cdc.gov/ncidod/dq/technica.htm)**

For fraud prevention, each applicant (immigrant or refugee) is required to have three signed photographs that have been verified by the panel physician or a member of the physician's professional staff by comparing them with the applicant and his or her photograph in an official document such as a passport or letter from the International Organization for Migration. One photograph needs to be attached to the Medical Examination for Immigrant or Refugee Applicant (DS-2053), one to the request slip for routine (syphilis and HIV) laboratory testing, and one to the request for chest radiograph (X-ray) or to the Chest X-ray and Classification Worksheet (DS-3024).

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<sup>1</sup> On May 20, 1999, the U.S. Immigration and Naturalization Service<sup>1</sup> stated that *public charge* "means an alien [or applicants] ... who is likely to become 'primarily dependent on the [U.S.] government for subsistence, as demonstrated by either (i) the receipt of public cash assistance for income maintenance or (ii) institutionalization for long-term care at government expense.' Institutionalization for short periods of rehabilitation does not constitute such primary dependence."

<sup>2</sup> INA Section 212(a)(1)

<sup>3</sup> U.S. Immigration and Nationality Act (INA) Section 212(a)(4)

## **Instructions to Panel Physicians for Completing CHEST X-RAY AND CLASSIFICATION WORKSHEET (DS-3024)**

Each immigrant and refugee applicant older than 14 years of age must have a chest radiograph (X-ray); any applicant 14 years of age or younger must have a chest X-ray if he or she has a history of tuberculosis, has symptoms of tuberculosis (see below), or has possible exposure to tuberculosis (such as having been in contact with a family or household member with possible tuberculosis). The chest X-ray findings determine if the following is needed:

1. Further evaluation overseas with sputum collection to assess the presence of acid-fast bacilli (AFB).
2. Follow-up evaluation after resettlement in the United States for tuberculosis (TB).
3. Follow-up evaluation after resettlement in the United States for non-TB conditions.

The process by which immigrant and refugee applicants are evaluated and classified for TB has three components: (1) the clinical presentation (medical history, and current signs and symptoms), (2) chest X-ray findings, and (3) sputum smear examination for AFB.

Because determining the final classification can be complex, a worksheet has been developed to assist in the process.

### **The following are the steps needed to complete this worksheet.**

Attach a current signed photograph of the applicant, that has been verified by the panel physician or a member of the physician's professional staff by comparing it with the applicant and his or her photograph in an official document such as a passport or letter from the International Organization for Migration, to this worksheet or other official document used for requesting the chest X-ray.

Complete the top section with the applicant's:

- Name (last name, first name, and middle name).
- Age in years.
- Birth date giving month, day, and year.
- Passport number.
- Alien number, or case number if a refugee, whichever is available.

After completing the top section, **SECTION 1** (see below), and attaching the signed photograph, provide this chest X-ray worksheet to the radiologist for him or her to complete **SECTION 2. Chest X-ray Findings**. If desired, the panel physician can ask for a signature from the radiology facility or radiologist. This can be placed in **SECTION (2)—Chest X-ray Findings**, under the **Remarks** row. The explanation to the radiologist of how this worksheet is used is the responsibility of the panel physician. The panel physician should complete **SECTION 3. Sputum Smears** after determining if sputum smears are needed or not, and if smears are needed, results of the sputum smear examination must be included on the form.

### **Complete Sections 1 Through 5 on the DS-3024 Worksheet.**

#### **SECTION 1—Chest X-Ray Needed**

The panel physician must determine whether chest X-ray evaluation is required. Currently, all immigrants and refugees 15 years of age or older require evaluation. Those younger than 15 years of age must be evaluated if they have:

1. A history of TB disease.
2. Close contact with someone with TB disease.
3. Signs or symptoms suggestive of TB.

**If none of these conditions apply, no further TB evaluation is required for children.**

(In the future revision of the *Technical Instructions for Medical Examination of Aliens, June 1991* [*Technical Instructions*], all immigrants and refugees 11 years of age or older will have routine chest X-ray evaluation. Those younger than 11 years of age will be evaluated if they have a history of TB disease; have close, prolonged contact [household, or workplace or school] with someone with TB; or have signs or symptoms suggestive of TB.)

For those people requiring evaluation, an assessment for TB-like signs or symptoms should be performed. For general appearance, the applicant with TB can appear ill, pale, or cachectic, or have wasting of muscles. In pulmonary TB, examination of the chest could reveal:

- Signs of consolidation, such as dullness on percussion, or rales or bronchial breath sounds on auscultation.
- Evidence of pleural effusion such as dullness and decreased air entry on percussion, and decreased tactile vocal fremitus.

Pulmonary TB symptoms include chronic cough (lasting more than 2 to 3 weeks), hemoptysis (coughing up blood), unexplained fever, night sweats, unexplained weight loss, anorexia, or fatigue.

Other body systems should also be examined to identify other evidence of TB, such as lymphadenopathy and spinal deformity. These signs and symptoms depend on the site of the TB disease. For example, the finding for TB of the kidney can be blood in the urine and TB of the lymph nodes can be lymphadenopathy (enlargement of the lymph nodes).

If the applicant reports one or more of these signs or symptoms, the appropriate boxes on the form should be marked.

For an adult without any of the above (history of TB, contact with TB, or signs or symptoms of TB), check the box to the left of **Adult**.

## **SECTION 2—Chest X-Ray Findings**

The panel physician should give the chest X-ray worksheet (after completing the top section and **SECTION 1. Chest X-ray Needed**) to the radiologist for him or her to complete **SECTION 2. Chest X-ray Findings**. The worksheet and the chest X-ray should then be sent to the panel physician in a secure manner to reduce any risk of substitution of the worksheet or the film.

All people requiring evaluation for TB should have a standard, postero-anterior (PA) X-ray of the chest that meets the technical standards described in the *Technical Instructions* to be published in 2002. The X-ray should be read with special attention to abnormalities that might suggest active TB disease. The date that the chest X-ray was **taken** must be included on the worksheet.

The chest X-ray and classification worksheet is designed to group findings into categories based on their likelihood of being related to TB or non-TB conditions needing medical follow-up (either at the time of the chest X-ray or after resettlement).

### **Normal findings:**

These are films that are completely normal, with no identifiable cardiothoracic or musculoskeletal abnormality; therefore, check the box to the left of **Normal findings**. In addition, if the applicant has no signs or symptoms of TB, simply check under **SECTION 4**, the box to the left of **No Class**.

### **Abnormal findings:**

#### ***Chest X-Ray Findings that Can Suggest ACTIVE TB:***

This category comprises all findings typically associated with active pulmonary TB. An applicant with any of the following findings must submit sputum specimens for examination.

1. Infiltrate or consolidation–Opacification of airspaces within the lung parenchyma. Consolidation or infiltrate can be dense or patchy and might have irregular, ill-defined, or hazy borders.
2. Any cavitary lesion–Lucency (darkened area) within the lung parenchyma, with or without irregular margins that might be surrounded by an area of airspace consolidation or infiltrates, or by nodular or fibrotic (reticular) densities, or both. The walls surrounding the lucent area can be thick or thin. Calcification can exist around a cavity.
3. Nodule with poorly defined margins–Round density within the lung parenchyma, also called a tuberculoma. Nodules included in this category are those with margins that are indistinct or poorly defined. The surrounding haziness can be either subtle or readily apparent and suggests coexisting airspace consolidation.
4. Pleural effusion–Presence of a significant amount of fluid within the pleural space. This finding must be distinguished from blunting of the costophrenic angle, which may or may not represent a small amount of fluid within the pleural space.
5. Hilar or mediastinal lymphadenopathy–Enlargement of lymph nodes in one or both hila or within the mediastinum.
6. Linear, interstitial disease (in children only)–Prominence of linear, interstitial (septal) markings.
7. Other–Any other finding suggestive of active TB, such as miliary TB. Miliary findings are nodules of millet size (1 to 2 centimeters) distributed throughout the parenchyma.

### ***Chest X-Ray Findings that Can Suggest INACTIVE TB:***

This category includes findings that are suggestive of prior TB, that is inactive. It must be remembered that assessments of the activity of TB **cannot** be made accurately on the basis of a single radiograph alone. **If there is any question of active TB, sputum smears must be obtained.**

**Furthermore, if the applicant has any signs or symptoms of TB, sputum smears must be obtained.**

Obtaining sputum smears is necessary if there is any question of active TB. Therefore, any applicant might have findings grouped in this category, but still have active TB as suggested by

- The presence of signs or symptoms of TB (Class B1).
- Sputum smears positive for AFB (Class A).

1. Discrete fibrotic scar or linear opacity–Discrete linear or reticular densities within the lung. The edges of these densities should be distinct and there should be no suggestion of airspace opacification or haziness between or surrounding these densities. Calcification can be present within the lesion and then the lesion is called a “fibrocalcific” scar.
2. Discrete nodule(s) without calcification–One or more nodular densities with distinct borders and without any surrounding airspace opacification. Nodules are generally round or have rounded edges. These features allow them to be distinguished from infiltrates or airspace opacities. To be included here, these nodules must be **noncalcified**. Nodules that are calcified are included in the category “OTHER X-ray findings, No follow-up needed”.
3. Discrete fibrotic scar with volume loss or retraction–Discrete linear densities with reduction in the space occupied by the upper lobe. Associated signs include upward deviation of the fissures on the corresponding side with asymmetry of the volumes of the two thoracic cavities.
4. Discrete nodule(s) with volume loss or retraction–One or more nodular densities with distinct borders and no surrounding airspace opacification with reduction in the space occupied by the upper lobe. Nodules are generally round or have rounded edges.
5. Other–Any other finding suggestive of prior TB, such as upper lobe bronchiectasis. Bronchiectasis is bronchial dilation with bronchial wall thickening.

### **OTHER Chest X-Ray Findings:**

#### ***Follow-up needed:***

This category includes findings that suggest the need for a follow-up evaluation for non-TB conditions either at the time of the chest X-ray or after resettlement of the applicant in the United States.

1. Musculoskeletal abnormalities–New bony fractures or radiographically apparent bony abnormalities that need follow-up.
2. Cardiac abnormalities–Cardiac enlargement or anomalies, vascular abnormalities, or any other radiographically apparent cardiovascular abnormality of significant nature to require follow-up.
3. Pulmonary abnormalities–Pulmonary finding of a non-TB nature, such as a mass, that needs follow-up.
4. Other–Any other finding that the panel physician believes needs follow-up, but is not one of the above.

***No follow-up needed:***

This category includes findings that are minor and not suggestive of TB disease. These findings require no follow-up evaluation after resettlement of the applicant.

1. Pleural thickening–Irregularity or abnormal prominence of the pleural margin, including apical capping (thickening of the pleura in the apical region). Pleural thickening can be calcified.
2. Diaphragmatic tenting–A localized accentuation of the normal convexity of the hemidiaphragm as if “pulled upwards by a string.”
3. Blunting of costophrenic angle (in adults)–Loss of sharpness of one or both costophrenic angles. Blunting can be related to a small amount of fluid in the pleural space or to pleural thickening and, by itself, is a non-specific finding. In contrast, a large pleural effusion, or the presence of a significant amount of fluid in the pleural space, may be a sign of active TB.
4. Solitary calcified nodules or granuloma–Discrete calcified nodule or granuloma, or calcified lymph node. The calcified nodule can be within the lung, hila, or mediastinum. The borders must be sharp, distinct, and well defined. **This was considered a Class B3 TB in the past; however, Class B3 has been omitted from the classification scheme because it has not been found to be associated with active TB.**
5. Minor musculoskeletal findings–Minor findings needing no follow-up.
6. Minor cardiac findings–Minor findings needing no follow-up.

Boxes corresponding to *all* of the findings should be checked even if they fall into different categories. Although the category “Chest X-ray findings can suggest INACTIVE TB” is marked if the applicant has signs or symptoms of TB, the applicant must have sputum smears and the classification will be Class A or B1 (depending on the results of the sputum smears). In addition, an applicant can have a TB condition as well as other conditions listed in this section.

**SECTION 3—Sputum Smears**

The panel physician must determine whether sputum examination will be required or whether a classification can be assigned based on information gathered to this point. The appropriate box should be checked on the worksheet. **All** applicants with TB-like signs or symptoms should submit sputum for AFB microscopy. In addition, all applicants with chest X-ray finding(s) suggestive of active TB must submit sputum for examination.

Applicants for whom sputum examination is not required can be classified first in **SECTION 3** as indicated by the worksheet:

- X-ray suggests INACTIVE TB, this is **Class B2/TB**
- OTHER X-ray findings suggest **follow-up needed** after arrival, this is **B Other**
- OTHER X-ray findings suggest **no follow-up needed**, this is **No Class**
- X-ray Normal, this is **No Class**

If sputum examinations are required, the results must be used to classify the applicant. For applicants requiring sputum examinations, the dates the smears were obtained must be indicated and then the three

results (one per specimen). If all smears are negative for AFB, the classification can be assigned based on the results of the chest X-ray and signs or symptoms.

- If an applicant had a normal chest X-ray but had TB signs or symptoms, smears must be obtained. If the smears are all negative, and the signs or symptoms resolved:
  - 1) check the box on the left of “**X-ray Normal with**” and
  - 2) check the box on the left of “**Signs or symptoms resolved, this is No Class.**”
- If an applicant had a normal chest X-ray but had unresolved signs or symptoms needing follow-up, smears must be obtained. If the smears are all negative:
  - 1) check the box on the left of “**X-ray Normal with**” and
  - 2) check the box on the left of “**Signs or symptoms suggest follow-up needed after arrival, this is B Other** Class.”
- If an applicant had a chest X-ray suggestive of ACTIVE TB, smears must be obtained. If an applicant had a chest X-ray suggestive of INACTIVE TB but had signs or symptoms needing follow-up, smears must be obtained. If the smears in either case (chest X-ray suggestive of ACTIVE OR INACTIVE TB) are all negative, check the box to the left of “**X-ray suggests ACTIVE OR INACTIVE TB, this is Class B1/TB.**”
- If an applicant had chest X-ray suggestive of OTHER (non-TB) findings but had signs or symptoms needing follow-up, smears must be obtained. If the smears are all negative, check the box to the left of “**OTHER X-ray findings suggest follow-up needed after arrival, this is Class B Other.**”
- If any smear is positive, for any chest X-ray finding check the box on the left of “**Any chest X-ray finding, this is Class A/TB.**”

<p><b>At least one smear result POSITIVE and</b>  <input type="checkbox"/> Any chest X-ray finding, this is <b>Class A/TB</b>          (Normal or Abnormal findings)</p>	<p><b>Three smear results NEGATIVE and</b>  <input type="checkbox"/> X-ray Normal with              <input type="checkbox"/> Signs or symptoms resolved, this is <b>No Class</b>              <input type="checkbox"/> Signs or symptoms suggest follow-up needed after arrival, this is <b>B Other</b>  <input type="checkbox"/> X-ray suggests ACTIVE or INACTIVE TB, this is <b>Class B1/TB</b>  <input type="checkbox"/> OTHER X-ray findings suggest <b>follow-up needed</b> after arrival, this is <b>Class B</b></p>
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#### SECTION 4—Final Classification

The final classification as determined in SECTION 3 is recorded here. Check the box to the left of the appropriate classification:

<input type="checkbox"/> <b>No Class</b> <input type="checkbox"/> <b>Class A/TB</b> <input type="checkbox"/> <b>Class B1/TB</b> <input type="checkbox"/> <b>Class B2/TB</b> <input type="checkbox"/> <b>Class B Other, follow-up needed</b>
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#### SECTION 5—Follow-up Needed After Arrival

Indicate if follow-up is needed and whether it is for a TB or a non-TB condition. If follow-up is needed, regardless if for a TB or non-TB condition, the condition must be described (for example, cardiac enlargement with symptoms of shortness of breathe [dyspnea] with exertion), including any additional tests performed, any treatment used (names and doses) with start and stop dates (mm/dd/yyyy), and any changes in treatment. **If tuberculin skin testing (TST) was performed, give results in this section.**

The class and condition must also be written on the **MEDICAL EXAMINATION FORM FOR U.S. ADMISSION (DS-2053)**. For TB conditions, check the appropriate boxes for

- 1) “Class A Conditions” and for “TB, active, infectious,” or
- 2) “Class B Conditions” and for “TB active, noninfectious (*Class B1*),” or
- 3) “Class B Conditions” and “TB inactive (*Class B2*).”

If the class is Class B Other, check the box to the left of “Class B Conditions,” and the box to the left of “Other.” Give details of the condition in the space provided.

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### **Instructions to Panel Physicians for Completing VACCINATION DOCUMENTATION WORKSHEET (DS-3025)**

Each immigrant applicant must as part of his or her health assessment have:

1. Assessment of any vaccine needed—copy dates of all acceptable documented vaccinations from written records and administer needed vaccines, and
2. Complete results of assessment and administration.

Complete the top section with the applicant’s:

- Name (last name, first name, and middle name).
- Date of the examination giving month, day, and year.
- Birth date giving month, day, and year.
- Passport number.
- Alien number, or case number if a refugee, whichever if available.

See the “**Addendum to the Technical Instruction for Medical Examination of Aliens, June 1991**”—**Vaccination Requirements for Immigrant Visa Applicants, April 1997** for more details. The one difference from the old *Supplemental Form to OF-157* is under the column of **Blanket Waivers To Be Requested If Vaccination Not Medically Appropriate**, is **Not Routinely Available** has replaced **Not Available**. Each row in **SECTION 1. Immunization Record** of the worksheet must have at least one check mark.

**SECTION 2. Results** must also be completed. If the box to the left of “Vaccine history incomplete” (at least one more vaccine of any series is needed to complete the series) is checked, either the box to the left of

“Applicant may be eligible for blanket waiver(s) because vaccination(s) not medically appropriate” or

“Applicant will request an individual waiver based on religious or moral conviction”

must also be checked.

If all requirements are met (the applicant is immune or has received all vaccines needed to complete a vaccine series), the box to the left of “Vaccine history complete for each vaccine, all requirements met” is checked.

If the applicant refuses to meet the vaccination requirements and no waiver is requested, such as a waiver request on religious or moral grounds, the box to the left of “Applicant does not meet vaccination requirements for one or more vaccines and no waiver is requested” is checked.

The worksheet needs to have the panel physician’s name written legibly, his or her signature (or another authorized personnel’s signature in addition to panel physician’s signature or stamp), and the date the form was completed (usually the date the vaccines were given).

This worksheet is useful for applicants after resettlement so each applicant should have his or her personal copy provided by the panel physician, in addition to the copy that is given to the embassy or consulate. Although this worksheet is not required for any refugee, if reliable vaccination documents are available, the panel physician should also complete this document and give the refugee a copy. This worksheet is accepted for a child attending a U.S. school, so it is very helpful after resettlement.

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## **Instructions to Panel Physicians for Completing MEDICAL HISTORY AND PHYSICAL EXAMINATION WORKSHEET (DS-3026)**

Each immigrant and refugee applicant must have a health assessment that includes:

1. Past medical history information.
2. A review of systems.
3. A physical examination.

The *Technical Instructions* established these requirements.<sup>4</sup> To aid in performing the health assessment in a systematic and reportable manner, a worksheet has been developed.

Complete the top section with the applicant’s:

- Name (last name, first name, and middle name),
- Date of the examination giving month, day, and year. This date may be different than the date that syphilis or HIV results are obtained.
- Birth date giving month, day, and year.
- Passport number.
- Alien number, or case number if a refugee, whichever if available.

**A *Class B* condition is being defined as a condition (in the past medical history or current physical examination) that will require follow-up care for the well being of the individual. Past medical history conditions or physical examination findings that have no impact on an individual’s current or future health and well being need not be noted.**

**Complete Sections 1 Through 5 on the DS-3026 Worksheet.**

### **SECTION 1—Past Medical History**

**Ask about each disorder or behaviors and indicate the absence or presence of any of these disorders or behaviors by checking the corresponding “Yes” or “No” box.**

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<sup>4</sup> CDC. Technical Instructions for Medical Examination of Aliens, June 1991.

The panel physician or a member of the physician’s professional staff must review any available medical records of hospitalization (medical or psychiatric), other institutionalization, or outpatient visits according to the *Technical Instructions*. In addition, the panel physician or a member of the physician’s professional staff must collect any past medical information reported by the applicant. The panel physician must determine whether the applicant has or has had any medical condition or mental disorder based upon these records and the applicant’s reporting that **will require medication or other type of treatment after resettlement (Class B)**, and indicate by checking the box “Yes” to the left of the condition that applies.

**The section is divided into seven categories.**

For the “**General**” category, the panel physician or a member of the physician’s professional staff must determine if any hospitalization (medical or psychiatric) occurred that will require further medication or other type of treatment after resettlement, and indicate by checking the box “Yes” under the “**General**” category and to the left of any other condition that applies.

For the remaining categories—**Cardiology, Pulmonology, Neurology and Psychiatry, Obstetrics and Sexually Transmitted Diseases, Endocrinology and Hematology, and Other**—the panel physician or a member of the physician’s professional staff must collect this information. The majority of the medical conditions are straightforward; they are specifically mentioned because any of them may require medication or other treatment after the applicant resettles. To minimize any future complications, these conditions must be noted so that the need for follow-up care can be recognized.

For **Neurology and Psychiatry** conditions, if there is a possibility of any mental disorder that could potentially be a Class A condition, a psychiatric referral is recommended.

For “**Major mental disorders**” at a minimum ask about—**major depression, bipolar disorder, schizophrenia, and mental retardation**. These disorders, according to the *Diagnostic and Statistical Manual of Mental Disorders*<sup>5</sup> are defined as:

1. **Major depression**—The presence, during 2-week period occurring almost daily, of the following primary symptoms: (1) Depressed mood (such as reporting being sad or empty, or appearing tearful); (2) Marked decrease in interest or pleasure in all, or almost all activities; or both.

In addition, the applicant must have three of four of the secondary symptoms, depending on whether one or both of the primary symptoms are present:

- Significant weight change,
- Abnormal sleep pattern (insomnia or hypersomnia),
- Excessive restlessness or inactivity,
- Excessive fatigue or loss of energy,
- Feelings of worthlessness or excessive guilt,
- Inability to think or concentrate, nearly every day, or
- Recurrent thoughts of death or suicide attempt.

2. **Bipolar disorder**—The presence of manic or hypomanic episode(s), with or without episodes of depression in between, defines bipolar disorders.

A manic episode is the presence of abnormal and persistent elevated, expansive, or irritable mood for at least 1 week. The mood disturbance must have three or more of the following symptoms:

- Inflated self-esteem or grandiosity.
- Decreased need for sleep (only sleeping for 3 hours).

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<sup>5</sup> Am Psychiatric Assoc: *Diagnostic and Statistical Manual of Mental Disorders*, 4<sup>th</sup> Ed. Washington, DC, Am Psychiatric Ass, 1994.

- Talking more than usual.
- Flight of ideas or the feeling that thoughts are racing.
- Distractibility (attention easily drawn to unimportant external stimuli).
- Increased goal-directed activity (at work or school, socially or sexually) or psychomotor agitation.
- Excessive involvement in pleasurable activities that might have painful consequences (such as unrestrained spending or sexual indiscretion).

A manic episode causes marked impairment in work or social activities or relationships, or required hospitalization, and is not because of medication or hyperthyroidism.

In contrast, a hypomanic episode has symptoms of mania (see below) lasting a shorter time period (4 days or more), but without impairing work or social activities or relationships.

3. Schizophrenia or related disorders—The presence, for a significant portion of time during a 1-month period, of two or more of the following symptoms:
- Delusions.
  - Hallucinations.
  - Disorganized speech (such as frequently incoherent).
  - Grossly disorganized or catatonic behavior.
  - Negative symptoms (such as being withdrawn, not speaking, or have a loss of will, drive, or activity).

Schizophrenia is also associated with 6 months of residual symptoms and decreased functioning in at least one major social or occupational area, such as work, interpersonal relations, or self-care as compared to functioning at onset. These symptoms and poor functioning cannot be because of major depression or medication.

In contrast, other related disorders have the same symptoms, but without accompanying decrease in functioning and for less time.

4. Mental retardation—Significantly subaverage intellect (such as an intelligence quotient [IQ] of 70 or below, or for infants, a clinical judgement of such) in a person with onset before 18 years of age, plus deficits or impairments (compared with others of his or her age and cultural group) in two or more of the following areas:
- Communication
  - Self-care
  - Home activities
  - Social or interpersonal skills
  - Use of community resources
  - Self-direction
  - Educational skills
  - Work
  - Leisure activity
  - Health
  - Safety.

If any of these disorders is associated with:

1. **“Ever causing SERIOUS injury to others, causing MAJOR property damage or having trouble with the law because of medical condition, mental disorder, or influence of alcohol or drugs,”** or
2. **“Ever taken action to end your [the applicant’s] life,”**

then the disorder is associated with harmful behavior and is a **Class A** condition.

Other disorders that may be associated with harmful behaviors include personality disorders and, in particular, antisocial personality disorder and paranoid personality disorder with harmful behavior towards others. Antisocial personality disorder is a pervasive pattern of disregard for and violation of the rights of others occurring since 15 years of age, but not diagnosed until age 18 years. The presence of three or more of the following indicate this disorder:

- Failure to conform to social norms and laws
- Deceitfulness and lying
- Impulsiveness or failure to plan for the future
- Physical fighting and assaults
- Reckless disregard for the safety of self or others
- Repeated job or financial failures
- Lack of remorse after hurting or stealing from others.

Borderline personality disorder is a pervasive pattern of instability of interpersonal relationships, self-image, and marked impulsiveness beginning in early adulthood and is often associated with recurrent suicidal behavior.

Likewise, if “**Addiction (dependence) or abuse**” to any of the controlled substances in the United States of the classes of “**amphetamines, cannabis, cocaine, hallucinogens, inhalants, opioids, phencyclidines, sedative-hypnotics, or anxiolytics,**” is present, this is a **Class A** condition.

Addiction and abuse, according to the *Diagnostic and Statistical Manual of Mental Disorders*<sup>6</sup>, are defined as:

1. Dependence (addiction)—A maladaptive pattern of substance use, leading to three or more of the following, occurring at any time in the same 12-month period:
  - Tolerance (a need for increasing amounts of a substance to achieve intoxication or a desired effect, or a markedly decreased effect with the same amount of substance).
  - Withdrawal (characteristic symptoms, or social- or work-related distress or impairment when stopping substance use).
  - Taking of the substance in larger amounts or for longer periods than was intended.
  - A persistent desire or unsuccessful efforts to control the substance use.
  - Spending a lot of time obtaining the substance, using the substance, or recovering from its effects.
  - Continued use of the substance despite knowing a persistent or recurrent physical or psychological problem is caused or exacerbated by the substance (such as continued alcohol drinking despite having an ulcer).
2. Abuse—A maladaptive pattern of substance use leading to one or more of the following:
  - Recurrent use resulting in impairment at work, school, or home (such as repeated absence or poor work performance, expulsion from school, or neglect of children or household).
  - Recurrent use when physically hazardous (such as while driving a car or operating machinery).
  - Recurrent substance-related legal problems (such as arrests for substance-related disorderly conduct or recurrent positive urine toxicological testing as a part of the migration health assessment).
  - Continued use despite persistent or recurrent social or interpersonal problems (such as arguments with spouse about actions while intoxicated, or physical fights).

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<sup>6</sup> Am Psychiatric Assoc: *Diagnostic and Statistical Manual of Mental Disorders*, 4<sup>th</sup> Ed. Washington, DC, Am Psychiatric Ass, 1994.

Other substance-related disorders include alcohol addiction (dependence) or abuse. If these disorders are associated with harmful behavior such as driving under the influence of alcohol, domestic violence or other alcohol-associated criminal behavior, they are Class A conditions.

For **Obstetrics and Sexually Transmitted Diseases**, if a female applicant is pregnant check the box to the left on “**Pregnant.**” Determine her “**Fundal height,**” which is the distance in centimeters between the symphysis pubis (midline of the pelvic bone) and the top of the fundus (uterus), and roughly equals the gestational weeks after 20 weeks of gestation. It is important to know this as well as the date of the last menstrual period to determine a safe travel period.

Likewise, history of “**Sexually transmitted diseases**” is a risk factor for current diseases and an important history to obtain. If any sexually transmitted diseases (STDs) existed in the past check the “**Yes**” box to the left. Infectious syphilis, chancroid, gonorrhea, granuloma inguinale, and lymphogranuloma venereum are STDs that must be treated before the refugee or immigrant applicant can come to the United States.

For **Endocrinology and Hematology**, “**History of malaria**” may be empirically diagnosed or laboratory confirmed. In either case (empiric or laboratory confirmed), please indicate which type of diagnosis and give any details in the “**Other requiring treatment, specific**” row.

For **Other**, “**Hansen’s Disease**” or leprosy is an infection caused by *Mycobacterium leprae* and associated with anesthetic skin lesions, peripheral nerve enlargement, and the finding of acid-fast bacilli in skin or nerves. Over a course of years, the person infected may develop skin lesions that vary from pale to dark red, from flattened to raised, and from obvious to almost invisible. Skin lesions typically affect the cooler parts of body (legs, arms, ears and nose) are associated with loss of sensation to soft touch, temperature, and finally pain. Enlargement of peripheral nerves is found and may be associated with anesthesia initially, followed by motor loss and muscle wasting.

Hansen’s Disease is classified following skin biopsy or slit skin smears performed after examining the patient’s skin and peripheral nerves. The patient’s histopathology is then classified using the Ridley-Jopling or World Health Organization (WHO) classification systems.

1. Tuberculoid–One or few lesions found; may be asymmetrical; lesion tends to be flat and hypopigmented; associated with anesthesia and peripheral nerve enlarged in same body region; few or no acid-fast bacteria seen on skin smear or biopsy.
2. Lepromatous–Widely disseminated skin infection that appears indistinct and generalized. Lesions have vague edges and may appear swollen or thickened. Peripheral nerves are less involved. Anesthesia found in distal hands and feet in “stocking-glove” pattern with longstanding infection. Numerous bacteria are seen in skin smears or biopsy.
3. Borderline–Unstable midline between tuberculoid and lepromatous. Skin lesions may be few or many, and may be generalized over body. Lesions tend to be bright red and have clear sharp edges. Normal appearing skin may be seen in center of lesions (particularly if very large) surrounded by red borders. Nerve involvement can be widespread and rapidly damaging. Presence of bacteria in skin is variable.

**OR**

1. Paucibacillary–Infection of the Tuberculoid variety. Few or even no bacteria are seen on skin smear or biopsy.
2. Multibacillary–Infection of the Lepromatous variety, with numerous bacteria seen in smear or biopsy.

Treated—People receiving leprosy treatment for as little as one week can no longer transmit the bacteria to others. Treatment may be required for up to 2 years to successfully eliminate the infection from a person’s body. Incomplete or erratic therapy is associated with relapse of infection, development of resistance to medication, and progressive debilitation from Hansen’s Disease.

For the row of Visible disabilities, include such as history of scoliosis requiring follow-up care.

For Other requiring treatment, include such as history of peptic ulcer disease requiring treatment.

## SECTION 2—Physical Examination

Each applicant, regardless of age, must undergo a physical examination performed by the panel physician.

While obtaining the past medical history and performing the physical examination, the panel physician must determine if the “**Applicant appears to be providing unreliable or false information.**” If the applicant appears to be forthcoming with all of his or her answers, check the first box to the left of the statement for “**No.**” If the applicant’s answers appear to be unreliable, check the second box to the left of the statement for “**Yes.**” If “**Yes**” is checked, explain why.

Measurements of height and weight, vital signs, and visual acuity should be performed at a minimal for the following groups:

Children:

- **Height** in centimeters (**cm**) and
- **Weight** in kilograms (**kg**) should be recorded.

Adults, especially the elderly or anyone with a history of **Cardiac** or **Pulmonary** conditions:

- Blood pressure (**BP**) in millimeters of mercury (**mmHg**),
- **Heart rate** per minute (**/min**), and
- **Respiratory rate** per minute (**/min**) measurements should be obtained.

Children (once they are cooperative with the examination) or anyone with apparent visual problems:

1. **Visual Acuity at 20 feet**, using a wall chart such as Snellen’s, should be obtained in each eye (left eye at 20 feet [**L 20/**\_\_\_\_\_] and right eye at 20 feet [**R 20/**\_\_\_\_\_]). If the applicant wears corrective lenses (glasses or contact lenses), the visual acuity may be obtained with correction in place and so indicated by placing results in the **Corrected** row. If the applicant does not wear corrective lenses, place results in the **Uncorrected** row.

For the physical examination, mark **N** for normal, **A** for abnormal, and **ND** for not done (not examined) for each body part examined. **If an abnormality exists with one of the terms in the parenthesis following the body part, circle that term.**

At the minimum for all applicants, the physical examination must include examination<sup>7</sup> of the:

1. Hearing and ears—Check hearing, such as the applicant’s ability to hear fingers rubbed together for each ear.
2. Eyes—Examine the conjunctiva, check the red reflex in young children, and perform a fundoscopic examination in applicants with **Cardiac** or **Endocrine** conditions.
3. Nose, mouth, and throat—Examine the nose and throat for signs of infection (enlarged tonsils or erythema) and include the condition of the teeth [**dental** condition]). If there are caries, circle **dental**.

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<sup>7</sup> CDC. Technical Instructions for Medical Examination of Aliens, June 1991.

4. Heart—Examine all applicants to assess the heart sounds (*S1* and *S2*), the rhythm, and for the presence of a murmur or rub. If either present, circle which is present, *murmur* or *rub*.
5. Lungs—Examine for signs of consolidation, such as dullness on percussion, or rales or bronchial breath sounds on auscultation. Check for evidence of pleural effusion, such as dullness and decreased air entry on percussion, and decreased tactile vocal fremitus. Indicate abnormal sound to the right of Lungs.
6. Abdomen—Palpate the abdomen assessing the size of the liver and spleen. If the liver or spleen is enlarged, circle which is enlarged, *liver* or *spleen*.
7. Genitalia—Examine the external genitalia of both male and female applicants assessing for signs of “**Sexually transmitted diseases**” and prior circumcision in both male and female applicants. If circumcision is present, circle *circumcision*. If signs of infection are present (such as discharge or lesion), circle *infection*.
8. Inguinal region—Palpate the inguinal region for adenopathy (enlarged lymph nodes), which may be a sign of “**Sexually transmitted diseases.**” If adenopathy is present, circle *adenopathy*.
9. Extremities—Palpate the extremities for presence of pulses (especially posterior tibial and dorsalis pedis) and edema. If pulses are diminished, circle *pulses*. If edema is present, circle *edema*.
10. Skin—Examine the skin for signs of Hansen’s disease (flat and *hypopigmented* lesions associated with *anesthesia* of the region, to lesions with vague edges that may appear swollen or thickened, to lesions tending to be bright red with clear sharp edges), *findings consistent with self-inflicted injury* (such as linear scars at wrist), and *findings consistent with injections* (such as puncture scars in the antecubital region of the arm). If any of these findings are present, circle the finding.
11. Lymph nodes—Examine at least the neck and armpit for enlarged lymph nodes or adenopathy. Indicate the area of body where adenopathy is present to the right of Lymph nodes.
12. Mental status—At the minimum, each applicant must be assessed for *mood, intelligence, perception, thought processes, and behavior* as a part of the examination. Formal psychological testing is not required and rarely helpful even in cases of possible Class A mental disorders. If any of the states is found to be abnormal, circle the abnormal state.

In addition, the applicant’s “**General appearance and nutritional status**” should be assessed for degree of development, signs of malnutrition or obesity, or for dehydration. For all female applicants, a “**Breast**” examination should be performed assessing for the presence of masses or discharge. Performing a routine musculoskeletal examination, looking at tone and strength, should be done to assess the “Musculoskeletal system”. In addition, include an assessment of the applicant’s gait. If the gait is abnormal, circle *gait*. Also examine the nervous system by examining the body for normal neurologic function. In addition, examine the body for nerve enlargement, a sign associated with Hansen’s disease. If nerve enlargement is present, circle *nerve enlargement*.

**For a panel physician of the opposite sex of the applicant, an assistant of the same sex as the applicant should be present for breast examinations (for women) and examination of external genitalia. Gowns for women should be provided during the physical examination.**

**All areas of the body examined must be indicated by checking the corresponding box for “N” (normal), “A” (abnormal), or “ND” (not done), noting that the examination must include Numbers 1 through 12 at a minimum as indicated in the *Technical Instructions*.<sup>7</sup>**

### **SECTION 3—Additional Testing Needed Prior to Approving Medical Clearance**

After performing the physical examination and reviewing the laboratory results, the panel physician must determine if the “**Physical examination or laboratory results contradict medical history.**” If all (past medical history, physical examination, and laboratory results) appear to agree, check the first box to the left of the statement for “**No.**” If there are findings and results that contradict the

applicant's past medical history, check the second box to the left of the statement for "Yes." If "Yes" is checked and explain why.

Use this section to record any additional tests performed prior to the applicant's departure, either initial referrals to outside consultants (**Referral prior to departure. If yes, provide results**) or reevaluations by the panel physician (**Reevaluation prior to departure. If yes, provide results**) according to the *Technical Instructions*. If either is performed, check the second "Yes" box and give details. If no further work-up was needed, check the first "No" box for each.

**SECTION 4—Follow-up Needed After Arrival and SECTION 5—Remarks**

These sections are to indicate if follow-up is needed after resettlement in the United States according to the *Technical Instructions*, and how soon after resettlement. If any box other than "No" is checked, review the condition or finding with the applicant and describe the condition or finding in **SECTION 5—Remarks**.

**In addition, if any of the conditions or findings noted during the Past medical history or Physical examination needs follow-up after resettlement and is not listed on the DS-2053, write it in the "Other" row under Class B Conditions on DS-2053.**

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# Instructions to Panel Physicians for Completing the U.S. Department of State MEDICAL EXAMINATION FOR IMMIGRANT OR REFUGEE APPLICANT (DS-2053)

**This form is required for immigration. It is the summary of the three worksheets, plus it contains the results of the required laboratory tests for any applicant (immigrant and refugee) older than 14 years of age.**

## **Complete Sections 1 Through 3 on the DS-2053.**

The panel physician or a member of the physician's professional staff must complete the top section. Including with the applicant's:

- Name (last name, first name, and middle name).
- Birth date giving month, day, and year.
- Sex, either male (**M**) or female (**F**).
- Place of birth, city and country.
- Present country of residence.
- Prior country of residence. For refugees, this may be their country of birth or another second country of asylum. For immigrants, it may not apply (no prior country of residence exists).
- U.S. consul or embassy, city and country.
- Passport number.
- Alien number, or case number if a refugee, whichever is available.
- Date the examination expires, which is 6 months from the day of the examination (which may be different from the date of laboratory tests are obtained or chest X-ray is taken) if a Class A or other tuberculosis (B1 or B2) condition is found or 12 months from the day of the examination if not Class A or other tuberculosis condition is found. Arrangements may be made with the Consular Section of the U.S. Embassy for it to complete the examination expiration date.
- Place of examination, city and country.
- Name of the panel physician, last name and then first name.
- Name of radiology facility or service. The director's of the radiology facility or the person reading the X-ray signature is not required. The panel physician is responsible for the results of any X-ray reading. If desired, the panel physician can ask for a signature from the radiology facility or radiologist. This can be placed in **SECTION (2)—Chest X-ray Findings**, under the **Remarks** row on **DS-3024**.
- Name of screening facility or site where the panel physician works (such as St. Joseph Clinic).
- Name of the laboratories, first HIV laboratory name, then syphilis laboratory name, and finally TB microscopy laboratory name (where the sputum smear microscopy is performed), each name is separated by a "p". The laboratory (syphilis or HIV) director's or the person performing the test signature is not required. The panel physician is responsible for the results of any laboratory testing. If desired, the panel physician can ask for a signature from the laboratory for the syphilis and HIV results. This can be placed in **SECTION (2)—Laboratory Findings**, under the **Notes** column of each test on **DS-2053**.

Attach a current signed photograph of the applicant that has been verified by the panel physician or a member of the physician's professional staff by comparing it with the applicant and his or her photograph in an official document such as a passport or letter from the International Organization for Migration.

## SECTION (1)—Classification

Under **Classification**, the panel physician must check all the boxes that apply. If no defect, disease, or disability is found during the past medical history, the physical examination, or routine laboratory testing, check the box next to “**No apparent defect, disease, or disability.**”

If a Class A condition is found, check the box next to “**Class A Conditions.**” Next check the box next to the condition(s) that is Class A. If active, infectious tuberculosis (TB) was identified, make sure that the **CHEST X-RAY AND CLASSIFICATION WORKSHEET (DS-3024)** is completely filled out.

If a Class B condition is found, check the box next to “Class B Conditions.” Next check the box next to the condition(s) that is Class B. **A Class B condition is being defined as a condition that will require follow-up care (medication or other treatment) for the well being of the individual. Past conditions that have no impact on an individual’s current or future health and well being need not be noted.** If active, noninfectious TB (B1) or inactive TB (B2) was identified, make sure that the **CHEST X-RAY AND CLASSIFICATION WORKSHEET (DS-3024)** is completely filled out. If it is a condition not listed, check the box next to “Other” and give details on the condition. Make sure that the **MEDICAL HISTORY AND PHYSICAL EXAMINATION WORKSHEET (DS-3026)** is also completed.

## SECTION (2)—Laboratory Findings

In this section, the panel physician must complete all lines and check all boxes that apply. These routine tests are necessary for all applicants older than 14 years of age or for applicants younger than 15 years of age, if there are reasons to believe possible infections exist (such as having a parent or parents known to have HIV or syphilis infection).

For **Syphilis**,

If the test is not performed, check “**Not done.**”

If the test is performed:

- List the “**Screening**” test name used followed by the “**Confirmatory**” test name if the screening test is positive or reactive.
- Give the “**Date(s)**” (month, day, and year) that each test is run.
- Check the box corresponding to the correct result(s) of the test(s).
- Give the “**Titer**” of the reaction, if possible for the screening test that is reactive. Having the initial titer is beneficial for assessing if overseas treatment was sufficient (repeat titers will be performed after 3 to 6 months).
- Include any additional “**Notes**” for the resettling health department.
- Check the “**Yes**” box for type of treatment given, for confirmed positive results.
- Check the box to the left, if benzathine penicillin is given. If benzathine penicillin is not given, check the box to the left of “**Other**” and write the therapy and dose given.
- Give the **Dates** of the **treatment(s)** (month, day, and year).

For **HIV**,

If the test is not performed, check “**Not done.**”

If the test is performed:

- List the **screening** test name and brand, followed by **Secondary** screening name and brand (if the first screening test is positive or indeterminate), and finally the **Confirmatory** test name and brand if the second screening test is positive or indeterminate.
- Give the “**Date(s)**” (month, day, and year) that each test is run.
- Check the box corresponding to the correct result(s) of the test(s), either “**Negative,**” “**Positive,**” or “**Indeterminate.**”
- Include any additional “Notes” for the resettling health department, such as whether the applicant is symptomatic or if he or she has AIDS (acquired immunodeficiency syndrome).

### **SECTION (3)—Immunization**

This section refers to the **VACCINATION DOCUMENTATION WORKSHEET (DS-3025)** and corresponds to the **SECTION 2. Results** of that form. The results from that worksheet need to be transcribed here as a summary of the vaccination assessment and administration.

However, if a separate institution does the vaccination by prior agreement with the U.S. Embassy or Consulate, the panel physician can write, “*see DS-3025—Vaccination Documentation Worksheet*” and it will be the responsibility of the Consular Section to verify that the vaccines have been given.

Again, remember to give the applicant a personal copy of the **VACCINATION DOCUMENTATION WORKSHEET (DS-3025)**.

**The applicant and panel physician must sign this form, and put the date that the form is completed. The consular officer at the U.S. consul or embassy will check the signatures periodically as a fraud prevention measure.**