

*TECHNICAL INSTRUCTIONS FOR MEDICAL EXAMINATION OF ALIENS  
IN THE UNITED STATES*

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## PREFACE

The Centers for Disease Control (CDC), United States Public Health Service (PHS), is responsible for ensuring that aliens entering the United States do not pose a threat to the public health of this country. The medical examination is one means of evaluating the health of aliens applying for admission or adjustment of status as permanent residents in the United States.

These instructions are for the use of civil surgeons and Immigration and Naturalization Service (INS) officials who are evaluating aliens applying for adjustment of status to permanent resident, and any other alien required by INS to have a medical examination. This document supersedes the June 1985 *Guidelines for Medical Examination of Aliens in the United States*.

## I. INTRODUCTION AND BACKGROUND

### A. THE MEDICAL EXAMINATION AS PART OF THE APPLICATION FOR ADJUSTMENT OF STATUS OR ADMISSION

Aliens applying for adjustment of status to permanent resident must have a physical and mental examination as part of the application process. The Immigration and Naturalization Service may also require aliens applying for admission into the United States to have a physical and mental examination if necessary to determine their admissibility. The purpose of the medical examination is to identify the presence or absence of certain disorders that could result in exclusion from the United States under the provisions of the Immigration and Nationality Act.

### B. ROLE OF THE CIVIL SURGEON

Civil surgeons must follow procedures prescribed by the U.S. Department of Justice, INS. Civil surgeons must ensure that the person appearing for the medical examination is the person who is actually applying for immigration benefits. The civil surgeon is responsible for reporting the results of the medical examination and all required tests on the prescribed forms. The civil surgeon is not responsible for determining whether an alien is actually eligible for adjustment of status; that determination is made by the INS officer after reviewing all records, including the report of the medical examination.

### C. THE 1990 AMENDMENTS TO THE IMMIGRATION AND NATIONALITY ACT

The Immigration Act of 1990 (Pub. L. 101-649) amended the Immigration and Nationality Act (8 U.S.C. 1101 et seq.) (the Act) by substantially revising the health-related grounds for the exclusion of aliens applying for admission into the United States. The new law amends section 212 (8 U.S.C.) as follows:

212 "(a) CLASSES OF EXCLUDABLE ALIENS.- Except as otherwise provided in this Act, the following describes classes of excludable aliens who are ineligible to receive visas and who shall be excluded from admission into the United States:

"(1) HEALTH-RELATED GROUNDS.--

"(A) IN GENERAL.-- Any alien--

"(i) who is determined (in accordance with regulations prescribed by the Secretary of Health and Human Services) to have a communicable disease of public health significance,

"(ii) who is determined (in accordance with regulations prescribed by the Secretary of Health and Human Services in consultation with the Attorney General)--

"(I) to have a physical or mental disorder and behavior associated with the disorder that may pose, or has posed, a threat to the property, safety, or welfare of the alien or others, or

"(II) to have had a physical or mental disorder and a history of behavior associated with the disorder, which behavior has posed a threat to the property, safety, or welfare of the alien or others and which behavior is likely to recur or lead to other harmful behavior,

"(iii) who is determined (in accordance with regulations prescribed by the Secretary of Health and Human Services) to be a drug abuser or addict, is excludable."

\*\*\*\*\*

"(4) PUBLIC CHARGE.-- Any alien who, in the opinion of the consular officer at the time of application for a visa, or in the opinion of the Attorney General at the time of application for admission or adjustment of status, is likely at any time to become a public charge is excludable."

The health-related grounds for exclusion of aliens set forth in the law are implemented by a regulation, "Medical Examination of Aliens" (42 CFR, Part 34). This regulation identifies the groups of aliens requiring a medical examination, defines the process for examination and reporting, establishes the scope of the medical examination, and establishes where and by whom the medical examination will be done. In addition, the regulation lists certain disorders that, if identified during the medical examination of an alien, are grounds for exclusion (Class A condition) or represent such significant health problems (Class B condition) that they must be brought to the attention of consular authorities.

#### D. CHANGES FROM THE PREVIOUS HEALTH-RELATED GROUNDS OF EXCLUSION

##### 1. Communicable Diseases of Public Health Significance

The previous law provided for a list of "dangerous contagious diseases" (active tuberculosis, human immunodeficiency virus (HIV) infection, infectious syphilis, chancroid, gonorrhoea, granuloma inguinale, lymphogranuloma venereum, and Hansen's disease (leprosy)). Applicants with any of these diseases were excludable. The new law refers to these as "communicable diseases of public health significance."

## 2. Mental Conditions

Under the old law, aliens who were mentally retarded, insane, had one or more attacks of insanity, were afflicted with psychopathic personality, sexual deviation, or mental defect, or who were narcotic drug addicts or chronic alcoholics were ineligible for admission or for adjustment of status to a permanent resident. As amended, the Immigration and Nationality Act no longer lists specific physical or mental conditions that automatically exclude an alien but instead requires a determination of whether an alien has a physical or mental disorder and associated behavior that has posed or is likely to pose a threat to the property, safety, or welfare of the alien or others.

## 3. Criminal Behavior

Aliens convicted of certain criminal acts are excludable under other sections of the Immigration and Nationality Act, regardless of their health status. A history of criminal behavior associated with a physical or mental condition that has posed a threat to the property, safety, or welfare of the alien or others, even without a conviction, may be used by the civil surgeon to determine whether an alien has an excludable condition.

## 4. Drug Abuse or Addiction

The amendments to the Act replace the previous exclusion of "narcotic drug addicts" with a broader category: "drug abuser or addict." The broader category includes aliens who are engaged in the nonmedical use of any substance named in section 202 of the Controlled Substances Act, as amended (21 U.S.C. 812).

## 5. Alcohol Abuse or Dependence (Alcoholism)

The Act as amended does not refer explicitly to alcoholics or alcoholism. Evaluation for alcohol abuse or dependence is included in the evaluation for mental and physical disorders with associated harmful behavior.

## 6. Exclusion on Public Charge Grounds

As under the previous law, in addition to the examination for specific excludable medical conditions, aliens will be examined for other physical

or mental abnormalities, disorders, diseases, or disabilities that would be likely to render the alien unable to care for himself or herself or to attend school or work, or that might require extensive medical care or institutionalization. Thus, certain conditions (e.g., mental retardation) that are no longer explicitly listed as excludable conditions may result in exclusion under this section if the immigration officer determines that family or other resources to care for the person do not exist.

## II. MEDICAL HISTORY AND PHYSICAL EXAMINATION

### A. SCOPE OF THE EXAMINATION

The purpose of the medical examination is to determine whether the alien has 1) a physical or mental disorder (including a communicable disease of public health significance or drug abuse/addiction) that renders him or her ineligible for admission or adjustment of status (Class A condition); or 2) a physical or mental disorder that, although not constituting a specific excludable condition, represents a departure from normal health or well-being that is significant enough to possibly interfere with the person's ability to care for himself or herself, or to attend school or work, or that may require extensive medical treatment or institutionalization in the future (Class B condition).

#### 1. The medical examination requires

- a. a medical history, obtained by the civil surgeon or a member of the physician's professional staff, from the applicant (preferably) or a family member, which includes
  - 1) a review of all hospitalizations
  - 2) a review of all institutionalizations for chronic conditions (physical or mental)
  - 3) a review of all illnesses or disabilities resulting in a substantial departure from a normal state of well-being or level of functioning
  - 4) specific questions about psychoactive drug and alcohol use, history of harmful behavior, and history of psychiatric illness not documented in the medical records reviewed and
  - 5) a review of chest radiographs and treatment records if the alien has a history suggestive of tuberculosis
- b. a review of any other records that are available to the physician (e.g., police, military, school, or employment) and that may help to determine a history of harmful behavior related to a physical or mental disorder and to determine whether illnesses or disabilities are



present that result in a substantial departure from a normal state of well-being or level of functioning.

- c. a review of systems sufficient to assist in determining the presence and the severity of Class A or Class B conditions. The physician should ask specifically about symptoms that suggest cardiovascular, pulmonary, musculoskeletal, and neuropsychiatric disorders. Symptoms suggestive of infection with any of the excludable communicable diseases (tuberculosis, HIV infection, syphilis, chancroid, gonorrhea, granuloma inguinale, lymphogranuloma venereum, and Hansen's disease) should also be sought.
- d. a physical examination, including an evaluation of mental status, sufficient to permit a determination of the presence and the severity of Class A and Class B conditions. The physical examination is to include
  - 1) a mental status examination that includes, at a minimum, assessment of intelligence, thought, cognition (comprehension), judgment, affect (and mood), and behavior
  - 2) a physical examination that includes, at a minimum, examination of the eyes, ears, nose and throat, extremities, heart, lungs, abdomen, lymph nodes, skin and external genitalia
  - 3) all diagnostic tests required for the diagnosis of the diseases identified as communicable diseases of public health significance and other tests identified as necessary to confirm a suspected diagnosis of any other Class A or Class B condition

#### B. MANAGEMENT OF MEDICAL CONDITIONS NOT RELATED TO THE MEDICAL EXAMINATION

The responsibility of the civil surgeon is only to conduct the examination and testing required to determine the alien's status regarding Class A and Class B conditions and to complete the medical report form. If the examination reveals an acute illness that makes it impossible to determine the alien's medical status regarding Class A or B conditions, the acute illness should be treated by a physician of the alien's choice, and the medical examination process

completed when the alien has recovered. If the alien needs further evaluation or treatment for conditions not relevant to the medical examination, the physician should advise the alien of this and should make recommendations for appropriate diagnostic evaluation and treatment.

#### C. REFERRAL FOR FURTHER EVALUATION

In some instances the civil surgeon may be unable to make a definitive diagnosis or to determine whether a disease or disorder is a Class A or a Class B condition. In such instances, the civil surgeon must refer the alien for a medical or mental health evaluation that will provide sufficient information to resolve the uncertainties of either diagnosis or Class A or Class B designation. The civil surgeon remains responsible for completing and forwarding the medical report form to the INS official. The report of the consulting physician, as received by the civil surgeon, must be included with the medical report form.

#### D. THE MEDICAL REPORT FORM

1. The medical report form is to be completed in English, typed or printed legibly, dated, and signed by the civil surgeon.
2. The results of required tests for tuberculosis, syphilis, and HIV infection must be entered in the appropriate spaces on the medical report form.
3. Findings of physical and mental disorders should be entered in the "Remarks" section of the medical report form. The civil surgeon must include a statement of likely degree of disability and the need for extensive medical care or institutionalization for any Class B conditions identified during the examination.
4. Findings of drug abuse or addiction should be indicated in the "Remarks" section of the medical report form. The civil surgeon should indicate the specific drug that is/was being used and the last time it was used if the patient has discontinued its use.

NOTE: If an alien has been referred for further evaluation under the provisions of III A, B, C, or D, the medical report must not be completed and submitted to the INS officer until a definitive diagnosis (or a short list of likely diagnoses) and the presence or absence of a Class A or Class B condition has been established.

### III. REQUIRED EVALUATIONS

#### A. COMMUNICABLE DISEASES OF PUBLIC HEALTH SIGNIFICANCE

##### 1. Infectious Tuberculosis

- a. Overview - All applicants 2 years of age or older are required to have a tuberculin skin test to determine whether the applicant is infected with Mycobacterium tuberculosis. Children under 2 years of age are required to have a tuberculin skin test if there is evidence of contact with a person known to have tuberculosis or if there is other reason to suspect tuberculosis. Skin tests must be performed using purified protein derivative (PPD) given by the Mantoux technique. If evidence of tuberculosis infection is found (as indicated by a skin test reaction of  $\geq 5$  mm), a chest radiograph is required.
- b. Referral - If the chest radiograph is suggestive of tuberculosis, the civil surgeon must refer the applicant to the local health department for evaluation. The applicant must return to the civil surgeon with a copy of the evaluation from the local health department before the examination may be completed. It is also recommended that applicants with a skin test reaction of  $\geq 10$  mm but a normal chest radiograph be referred to the local health department for consideration of preventive therapy.
- c. Definitions
  - 1) active tuberculosis - clinical, laboratory, or radiologic evidence of a current disease process caused by M. tuberculosis (pulmonary or extrapulmonary). For purposes of this examination, only active tuberculosis that is in an infectious state (smear positive) is excludable.
  - 2) infectious tuberculosis - tuberculosis that can be readily transmitted to others, as evidenced by an abnormal chest radiograph consistent with pulmonary tuberculosis and a sputum smear that is positive for acid-fast bacilli
  - 3) tuberculosis, noninfectious - presence of an abnormal chest radiograph consistent with

pulmonary tuberculosis, and sputum smears, obtained on 3 consecutive days, that are negative for acid-fast bacilli, or evidence of extrapulmonary tuberculosis

- d. Required evaluation for tuberculosis (Table 1)
- e. Reporting results of examination for tuberculosis (Table 2)

Table 1

Required Evaluation for Tuberculosis

Procedure	Required for	Minimum requirement
Review of history	All applicants	<ul style="list-style-type: none"> <li>- Inquire about history of TB.</li> <li>- If applicant has a history of TB, obtain treatment records.</li> </ul>
Tuberculin skin test (intradermal tuberculin skin test using purified protein derivative (PPD) given by the Mantoux technique)	All applicants 2 years of age or older and applicants less than 2 years of age who are suspected of having TB or who have a history of contact with known TB case	<ul style="list-style-type: none"> <li>- Read at 48 - 72 hours by civil surgeon. (Self reports of skin test reactions are not acceptable.)</li> <li>- Record mm induration on medical report form.</li> <li>- For this examination, a reaction of 5 mm or greater is a positive test.</li> <li>- A chest radiograph is required for all applicants with positive skin tests.*</li> </ul>
Chest radiograph	All applicants whose tuberculin skin test is positive	<ul style="list-style-type: none"> <li>- Obtain old chest radiographs, if possible.</li> <li>- Chest x-ray film must be large enough to include entire chest (usually 14" X 17" or 36 X 43 cm)(Photofluorograms are not acceptable.)</li> <li>- Date of examination and applicant's name must be on film.</li> <li>- Use lead shielding for women of childbearing age.</li> <li>- When reading radiographs:               <ul style="list-style-type: none"> <li>- review all available radiographs;</li> <li>- describe radiographic abnormalities by location, and appearance;</li> <li>- indicate whether or not there has been any change over time (stable, worsening, improving);</li> <li>- state whether the abnormal findings are compatible with TB or another condition.</li> </ul> </li> </ul>
Refer to local health department	Any applicant with a chest radiograph suggestive of pulmonary TB	Classification and medical clearance should not be given until applicant returns to civil surgeon with documentation of medical evaluation for TB.

\* Pregnant women who are asymptomatic may request that no chest radiograph be taken. Pregnant women with symptoms suggestive of active TB must receive a chest radiograph. If the radiograph is compatible with active tuberculosis, sputum smears must be obtained.

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Table 2

Reporting Results of Evaluation for Tuberculosis\*

Test Results	Record on Medical Report Form
Normal chest radiograph - (i.e., no parenchymal, pleural, or other intrathoracic abnormality)	Normal
Abnormal chest radiograph or series of chest radiographs suggestive of current pulmonary tuberculosis and One or more positive sputum smear examinations for acid-fast bacilli	Class A - Tuberculosis, Infectious.
Abnormal chest radiograph or series of chest radiographs suggestive of active tuberculosis, and History of one or more sputum smears positive for acid-fast bacilli and Currently on recommended treatment and Sputum smears are negative for acid-fast bacilli on 3 consecutive days	Class A - Tuberculosis, Infectious, "Noncommunicable for travel purposes".
Abnormal chest radiograph or series of chest radiographs suggestive of active tuberculosis and Sputum smears are negative for acid-fast bacilli on 3 consecutive days	Class B1 - Tuberculosis, clinically active, not infectious.
Radiographic or other evidence of extrapulmonary tuberculosis, clinically active	Class B1 - Extrapulmonary tuberculosis, clinically active, not infectious.
Abnormal chest radiograph or series of chest radiographs, suggestive of tuberculosis, not clinically active (e.g., fibrosis, scarring, pleural thickening, diaphragmatic tenting, blunting of costophrenic angles).  (Sputum smears are not required.)	Class B2 - Tuberculosis, not clinically active.
Abnormal chest radiograph or series of chest radiographs. Only abnormality is calcified hilar lymph node, calcified primary complex, or calcified granuloma.  (Sputum smears are not required.)	Class B3 - Consistent with tuberculosis, old or healed.
Abnormal chest radiograph not consistent with tuberculosis	Class B - other chest condition.

\*Applicants who have completed a recommended course of antituberculous therapy and whose chest radiographs are stable should be reported as Class B2 - tuberculosis, treatment completed.

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2. Human Immunodeficiency Virus (HIV) Infection

a. Required Evaluation

All applicants 15 years of age or older must be

tested for evidence of HIV infection.

Applicants under the age of 15 must be tested if there is reason to suspect HIV infection, (e.g., a child with hemophilia, or a child whose mother or father is HIV-positive.)

b. Tests for HIV Infection

Any accepted HIV antibody screening test (e.g., ELISA test or equivalent) may be used. If the initial test is positive or indeterminate, it should be repeated on the same serum specimen, and if still positive or indeterminate, a confirmatory test (Western Blot or equivalent) should be done on the same specimen before results are reported.

If the result of the Western blot is indeterminate or equivocal, another specimen, drawn at least 30 days later, should be retested. If the result of the second test is indeterminate, the specimen should be sent to the nearest reference laboratory. The medical report should not be completed until the results from the reference laboratory are obtained.

c. Pre- and Posttest Counseling for HIV Infection

Before a blood test for HIV antibody is performed, the applicant should be told the following:

A blood test for antibody to the human immunodeficiency virus (HIV) is required as a part of your medical examination. HIV is the virus that causes the acquired immune deficiency syndrome (AIDS). AIDS is the name given to a group of illnesses that may occur in persons infected with HIV. Infection with HIV causes a defect in a person's natural immunity against disease. This defect leaves infected people vulnerable to serious illnesses that would not usually be a threat to anyone whose immune system was intact. This test is not to diagnose AIDS but to detect antibodies to the virus.

The results of your test will be provided to an INS officer. Also, it may be necessary to

report results to the state or local health authority.

A positive test result may mean that you may not

be eligible for adjustment of status. A positive test result could also have other local consequences on your day-to-day activities.

The civil surgeon should advise an applicant who has tested positive for HIV infection (a positive test is a repeatedly positive antibody screening test such as an ELISA supported by a positive test result in a supplemental test such as the Western blot test or an equally reliable test) to return to the civil surgeon's office to discuss the results of the tests and to receive initial counseling.

The civil surgeon must provide basic information to applicants who are HIV-positive and refer them for counseling and early medical intervention if these services are available. Important points the civil surgeon should cover include information about the test and the prognosis, and ways the person can protect others and self.

d. Reporting Results of Tests for HIV Infection

Laboratories should report test results as negative, positive, or indeterminate. If a laboratory screens for both HIV-1 and HIV-2, both results should be reviewed and reported. Results of HIV tests are to be recorded on the medical report form as follows:

Report from Laboratory	Record on Medical Report Form
Screening test (ELISA or equivalent) negative	HIV negative
Screening test repeatedly indeterminate or positive and confirmatory test positive	HIV positive - Class A condition
Screening test repeatedly indeterminate or positive and confirmatory test negative	HIV negative
Screening test repeatedly indeterminate or positive and confirmatory test indeterminate	Do not complete medical report form Repeat test in 30 days



Note to examining physician: If local laws/regulations require reporting of HIV-positive cases, you must advise the applicant and ensure that case reports are filed with the appropriate public health authority.

### 3. Syphilis

#### a. Required Evaluation

All applicants 15 years of age or older must be tested for evidence of syphilis.

Applicants under the age of 15 must be tested if there is reason to suspect infection with syphilis.

#### b. Tests for Syphilis

A Venereal Disease Research Laboratory (VDRL) or rapid plasma reagin (RPR) or equivalent test may be used for screening. Positive results on screening tests should be confirmed using a fluorescent treponemal antibody absorbed (FTS-ABS), TPHA, or other confirmatory test.

#### c. Reporting Results

The applicant must be treated with a standard treatment regimen (appendix A) before the medical report form is completed. Mark the results of testing and write medication, dose, and date of treatment on the medical report form.

Once the recommended treatment is completed, syphilis is no longer a Class A condition. It is a Class B condition only if the applicant has some residual disability (e.g., an individual treated for neurosyphilis who has a residual neurologic abnormality).

### 4. Other Sexually Transmitted Diseases (Chancroid, Gonorrhea, Granuloma Inguinale, Lymphogranuloma Venereum)

#### a. Required Evaluation

The medical history and physical examination must include a search for symptoms or lesions consistent with chancroid, gonorrhea, granuloma inguinale, or lymphogranuloma venereum. Further testing should be done as necessary to confirm a suspected diagnosis.

b. Reporting Results

The applicant must be treated using a standard treatment regimen (appendix B) before the medical report form is completed. Mark the results of testing and write medication, dose, and date of treatment on the medical report form.

Once the recommended treatment is completed, chancroid, gonorrhoea, granuloma inguinale, and lymphogranuloma venereum are neither Class A nor Class B conditions.

5. Hansen's Disease (Leprosy)

a. Required Evaluation

The medical history and physical examination must include a search for symptoms or lesions consistent with Hansen's disease. Suspected Hansen's disease cases must be referred to a Hansen's disease clinic for evaluation. (see Appendix D for a list of Hansen's disease clinics.) The applicant must return to the civil surgeon with a copy of the evaluation before the medical examination can be completed.

b. Reporting Results

- 1) Untreated lepromatous or borderline (dimorphous) Hansen's disease, confirmed by appropriate laboratory tests, should be reported as Class A Hansen's disease on the medical report form.

The applicant should begin the recommended therapy (appendix C).

After completing 6 months of recommended therapy, with satisfactory clinical response, the applicant may be considered to have a Class B condition. Details of treatment should be noted on the medical report form.

- 2) Indeterminate or tuberculoid Hansen's disease (treated or untreated) should be reported as Class B Hansen's disease on the medical report form.

The applicant should begin the recommended therapy (appendix C). Details of treatment should be noted on the medical report form.

B. PHYSICAL AND MENTAL DISORDERS WITH ASSOCIATED HARMFUL BEHAVIOR

1. Overview - The civil surgeon, using the applicant's medical, social, and psychiatric history and an appropriate physical and mental status examination, will determine whether the applicant has
  - a. a physical or mental disorder with associated harmful behavior or
  - b. a history of a physical or mental disorder with associated harmful behavior such that the same or a different harmful behavior is likely to occur in the future.
2. Definitions
  - a. physical disorder - a currently accepted physical diagnosis, as evidenced by inclusion in the current *Manual of the International Classification of Diseases, Injuries, and Causes of Death* (ICD-9 or subsequent revision), published by the World Health Organization
  - b. mental disorder - a currently accepted psychiatric disorder, as evidenced by inclusion in the current *Diagnostic and Statistical Manual of Mental Disorders* (DSM-III-R or subsequent revision), published by the American Psychiatric Association
  - c. harmful behavior - for purposes of this examination, a dangerous action or series of actions by the alien that has resulted in injury (psychological or physical) to the alien or another person, or that has threatened the health or safety of the alien or another person, or that has resulted in property damage
3. Required Evaluation - To evaluate an alien for evidence of harmful behavior or for physical and mental conditions that may result in harmful behavior, the examining physician must
  - a. review the medical history, especially for evidence of hospitalization or institutionalization for psychiatric illness. Determine whether there is a history of harmful behavior, a diagnosis of a physical or mental disorder

with which harmful behavior may be associated (Table 3) or in which harmful behavior is an element of the diagnostic criteria (Table 4), evidence of nonmedical use of psychoactive substances, or evidence of alcohol abuse or dependence.

Table 3

Mental Disorders - Major Diagnostic Categories

Mental retardation	Personality disorders
Autistic disorders	Adult antisocial behavior
Organic mental disorders (dementias)	Conduct disorders
Schizophrenic, paranoid, and other psychotic disorders	Adjustment disorders
Delusional disorders	Sexual disorders
Mood disorders	Impulse control disorders
Dissociative disorders	Psychoactive substance use disorders
Anxiety-related disorders	Other medical disorders
Somatoform disorders	

(Based on Diagnostic and Statistical Manual of Mental Disorders  
(DSM-III-R.)

Table 4

Mental Disorders for which Harmful Behavior Is an Element of the Diagnostic Criteria

Medical Condition	Associated Behavior Pattern
(1) Antisocial personality disorder	Harmful behavior necessary to establish the diagnosis
(2) Impulse control disorders not elsewhere classified pathological gambling kleptomania pyromania intermittent explosive disorder impulse control disorder not otherwise specified	Harmful behavior necessary to establish the diagnosis
(3) Paraphilias which involve behaviors that harm or intimidate others exhibitionism pedophilia sexual masochism sexual sadism zoophilia voyeurism some atypical paraphilias (e.g., frotteurism, telephone scatologia)	Harmful behavior necessary to establish the diagnosis
(4) Conduct disorders solitary aggressive type oppositional defiant disorder other types	Behavior necessary to establish the diagnosis  If history of serious violation of rights of others or property (e.g., stealing, fire setting)
(5) Mood disorders bipolar disorders depressive disorders	E.g., in the course of the illness has assaulted others when manic or attempted suicide when depressed  E.g., in the course of the illness has attempted suicide; has harmed or neglected children when depressed
(6) Schizophrenic disorders Paranoid disorders Psychotic disorders not elsewhere classified	E.g., in the course of the illness has engaged in thievery or destruction of property; harmed children
(7) Alcohol dependence (alcoholism) or Alcohol abuse	Behavior necessary to establish the diagnosis
(8) Psychoactive substance disorders (drug abuse)	Behavior necessary to establish the diagnosis
(9) Other physical or mental disorders which, in relation to the symptoms of the disorder or its treatment, limit physical attentional or cognitive capacity to perform certain tasks or are otherwise associated with behaviors not controllable by the person (e.g., partial complex seizure disorders)	E.g., in the course of the illness has assaulted others; has engaged in tasks in which the limitation in capacity has resulted in harm to others, self, or property (e.g., person with transient ischemic attacks or arrhythmia with consistent loss of consciousness has continued to drive a motor vehicle until involved in a serious or fatal accident).

- b. review other records (e.g., police, military, school or employment). Determine whether there is a history of harmful behavior related to a physical or mental disorder and whether there is evidence of the nonmedical use of psychoactive substances or evidence of alcohol abuse or dependence
  - c. interview the alien and, when practical and clinically relevant, the alien's family. Inquire specifically about psychiatric illnesses, psychoactive drug and alcohol abuse, and history of associated harmful behavior, as this information may not be included in medical records
  - d. perform a physical examination that includes an assessment of mental status. The mental status examination must include an evaluation of the applicant's intelligence, thinking, cognition (comprehension), judgment, affect (and mood), and behavior
4. Reporting results of the evaluation for mental and physical disorders with harmful behavior (Table 5)
- a. After completing this portion of the examination, the civil surgeon must summarize the results of the evaluation for mental and physical conditions with associated harmful behavior (Table 5) and complete the appropriate section of the medical report form. Diagnoses should conform to the current ICD or DSM classifications. If additional information regarding treatment or prognosis is available, attach additional reports to the medical report form.
  - b. For all Class B conditions, the physician is to determine whether the mental or physical disorder is likely to result in the applicant's being unable to care for himself or herself, or that the applicant will require extensive medical care or institutionalization; the physician then completes the last section of the medical report form.
  - c. If the applicant is referred for further evaluation, the medical report should not be completed until the consultant's report is available. A copy of the consultant's report should be attached to the medical report form.

Table 5

Reporting Results of the Evaluation for Mental and Physical Disorders with Associated Harmful Behavior\*

Findings	Record on Medical Report Form
No current evidence of physical or mental disorder  No history of physical or mental disorder and no history of harmful behavior	No Class A or Class B condition
Mental shortcomings due solely to lack of education and no harmful behavior	No Class A or Class B condition
Mental condition, with or without harmful behavior, attributable to remediable physical causes; or temporary--caused by a toxin, medically prescribed drug, or disease	(Treat underlying condition or refer for treatment; complete medical report form after reevaluation.)
History of physical or mental disorder and history of associated harmful behavior  Physical or mental disorder not currently present and harmful behavior not likely to recur **	No Class A or Class B condition  (Report diagnosis and reason(s) for judging that harmful behavior will not recur.)
Current evidence of a physical or mental disorder and associated harmful behavior or history of associated harmful behavior	Class A condition  (Report diagnosis and description of harmful behavior.)
History of physical or mental disorder and history of associated harmful behavior, and harmful behavior likely to recur	Class A condition  (Report diagnosis, description of harmful behavior, and reason(s) for judging that harmful behavior is likely to recur.)
Current evidence of a physical or mental disorder but no history of associated harmful behavior	Class B condition  (Report diagnosis.)
History of physical or mental disorder and history of associated harmful behavior  Physical or mental condition controlled by medication or in remission.*** No currently associated harmful behavior, and behavior judged not likely to recur.****	Class B condition  (Report diagnosis, description of harmful behavior and reason(s) for judging that behavior is not likely to recur.)

\*Includes alcohol abuse/dependence, which, under the new law, is to be considered as any other mental or physical disorder with associated harmful behavior.

\*\*E.g., an otherwise normal person with a history of a physical or mental disorder and associated harmful behavior that is unlikely to recur (e.g., suicide attempt during reactive depression over the death of a spouse, and the person is no longer considered a suicidal risk).

\*\*\*E.g., an alien with a history of harmful behavior due to a disorder or condition that continues but that has been managed with medication (e.g., person who has a manic-depressive illness that is treated with lithium) or that is in remission.

\*\*\*\*The behavior can be judged not likely to recur if the alien is able to demonstrate that the disorder is in remission, remission being defined as no pattern of the behavioral element of the disorder for the past 2 years (5 years in the case of antisocial personality disorder, impulse control disorders not otherwise classified, paraphilias that involve behaviors that threaten others, and conduct disorders); or the alien's condition is controlled by medication and the alien certifies in writing that he or she will continue medication or other treatment to control the disorder and prevent harmful behavior.

C. PSYCHOACTIVE SUBSTANCE ABUSE

1. Overview - The physician will, by interviewing and examining the applicant and by reviewing records, determine whether the applicant is currently engaging in or has a history of engaging in the nonmedical use of any psychoactive substance.

2. Definitions

- a. Psychoactive substance abuse/dependence - as used here, includes 2 groups:
    - 1) Nonmedical users of drugs listed in section 202 of the Controlled Substances Act (appendix A). Nonmedical use of any drug listed in section 202 of the Controlled Substances Act is illegal and qualifies as a Class A condition, whether or not harmful behavior is documented.
    - 2) Nonmedical users of drugs not listed in section 202 of the Controlled Substances Act, abusers of alcohol, inhalants, or other psychoactive agents with resultant harmful or dysfunctional behavior patterns (see current *Diagnostic and Statistical Manual of Mental Disorders*) or physical disorders (see current *Manual of the International Classification of Diseases, Injuries, and Causes of Death*). Determination of Class A or Class B status is the same as that of any other mental or physical condition.
  - b. Remission - no nonmedical use of a drug listed in section 202 of the Controlled Substances Act for 3 or more years, or no nonmedical use of any other psychoactive substance for 2 or more years.
  - c. Nonmedical use - is considered to be more than experimentation with the substance (e.g., a single use of marihuana or other non-prescribed psychoactive substances, such as amphetamines or barbiturates). When a clinical question is raised as to whether the use was experimental or part of a pattern of abuse, a physician with experience in the medical evaluation of substance abusers should be consulted to assist in making this determination.
3. Required Evaluation - The record review and physical examination of each alien must include an inquiry for evidence of current or past psychoactive substance abuse, including alcohol abuse/dependence. If a history or physical evidence of psychoactive substance use is elicited, the physician must attempt to
- a. identify the psychoactive substance(s)

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- b. determine whether the psychoactive substance is being prescribed by a physician as part of the management of a diagnosed physical or mental disorder
- c. determine whether the psychoactive substance is listed in section 202 of the Controlled Substances Act (appendix A). Classes of commonly abused drugs listed in section 202 are



amphetamines and related substances  
 cannabinoids  
 cocaine and related substances  
 hallucinogens  
 opioids and related substances  
 phencyclidine (PCP) and related substances  
 sedative, hypnotic, or anxiolytic substances  
 (tranquilizers)

d. If it is determined that the applicant is using or has used a psychoactive substance, the physician must

- 1) determine whether the applicant is currently using or has used the psychoactive substance in the last 3 years (for substances listed in section 202 of the Controlled Substances Act), or in the last 2 years (for other psychoactive substances)
- 2) determine whether there is a history or current evidence of harmful behavior, dysfunctional behavior, or physical disease related to the psychoactive substance use

4. Reporting of Results (Table 6)

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Table 6

Reporting Results of Evaluation for Psychoactive Substance Abuse

Findings	Record on Medical Report Form
Current nonmedical use or use within the last 3 years of a substance listed in section 202 of the Controlled Substances Act	Class A condition List substance(s) used.

History of nonmedical use of a substance listed in section 202 of the Controlled Substances Act No use in last 3 years	Class B condition Note whether dysfunctional behavior or associated physical disorder is present.
Current abuse or abuse within the last 2 years of a psychoactive substance other than those listed in section 202 of the Controlled Substances Act	Class A condition List substance(s) used.
History of abuse of a psychoactive substance other than those listed in section 202 of the Controlled Substances act No use in the last 2 years	Class B condition Note whether dysfunctional behavior or associated physical disorder is present.

**D. OTHER PHYSICAL OR MENTAL ABNORMALITY, DISEASE, OR DISABILITY**

1. Required Evaluation - After completing the required evaluation for communicable diseases of public health significance, for physical and mental disorders that may result in harmful behavior, and for psychoactive substance abuse, the civil surgeon must consider any other findings in the history or physical examination that constitute a substantial departure from normal health or well-being and must complete any diagnostic procedures necessary to determine
  - a. the likely diagnosis
  - b. whether the disorder will affect the alien's ability to care for himself or herself, attend school, hold a job, or engage in other age-appropriate activities
  - c. whether rehabilitation or special training will be required

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- d. whether the applicant is likely to require extensive medical care or institutionalization after arrival in the United States.
2. Reporting of Results - The civil surgeon should provide additional information about each of the Class B conditions in the "Remarks" section of the medical report form. For each condition identified, the civil surgeon should

- a. estimate the severity of impairment as mild, moderate, or severe
- b. if possible, estimate the likely outcome of rehabilitation as minimal, partial, or full recovery of function
- c. predict the need for hospital or institutional care beyond that expected for a person of the applicant's age (i.e., normal need for increased medical care in the elderly should not be considered)

If the civil surgeon identifies a physical or mental abnormality but is unable to make a diagnosis, assess the potential for harmful behavior, estimate the severity of impairment, or determine the potential for rehabilitation, the applicant should be referred for diagnostic evaluation. Completion of the medical report should be deferred until the evaluation is complete.

## Appendix A

### Treatment of Syphilis\*

Early syphilis (primary and secondary syphilis and early latent syphilis of less than 1 year's duration) should be treated with

benzathine penicillin G, 2.4 million units IM, in one dose.

Note: Patients who are allergic to penicillin should be treated with

doxycycline: 100 mg orally 2 times a day for 2 weeks  
or

tetracycline HCl: 500 mg orally 4 times a day for 2 weeks.

Doxycycline and tetracycline should not be used in pregnant women. Pregnant patients whose compliance is ensured may be treated with

erythromycin 500 mg orally 4 times daily for 2 weeks. Syphilis of more than 1 year's duration (latent syphilis of indeterminate or more than 1 year's duration, cardiovascular, or late benign syphilis), except neurosyphilis, should be treated with

benzathine penicillin G: 7.2 million units total, administered as 3 doses of 2.4 million units IM, given 1 week apart for 3 consecutive weeks.

Note: Patients who are allergic to penicillin should be treated with

doxycycline: 100 mg orally 2 times a day for 4 weeks  
or

tetracycline HCl: 500 mg orally 4 times a day for 4 weeks.

Doxycycline and tetracycline should not be used in pregnant women.

If patients have latent syphilis and neurologic signs or symptoms, HIV infection, other evidence of active syphilis (aortitis, gumma, or iritis), or serum

nontreponemal antibody titer  $\geq$  1:32, they should be

evaluated for neurosyphilis, including CSF examination.

If patients are allergic to penicillin, alternate drugs should be used only after CSF examination has excluded neurosyphilis.

\*Centers for Disease Control. 1989 Sexually Transmitted Diseases Treatment Guidelines. MMWR 1989;38(No. S-8) [5-15].

## Appendix B

### Treatment of Chancroid, Gonorrhea, Granuloma Inguinale and Lymphogranuloma Venereum

#### Chancroid\*

erythromycin: 500 mg orally, 4 times a day for 7 days

or

ceftriaxone: 250 mg (IM) in a single dose

#### Gonorrhea\*

ceftriaxone: 250 mg (IM) in a single dose

and either

doxycycline: 100 mg orally, twice a day for 7 days

or

tetracycline HCl: 500 mg orally, 4 times a day for 7 days (total dose 14.0 g)

(The doxycycline/tetracycline therapy is treating Chlamydia trachomatis, which is frequently a co-infection in patients who have N. gonorrhoeae.)

Doxycycline/tetracycline should not be used in pregnant patients. They should take

erythromycin base 500 mg orally, 4 times a day, for 7 days.

If there is a history of allergy to ceftriaxone, spectinomycin 2.0 g, (IM) should be used, followed by doxycycline.

\*All listed treatments are for adults with uncomplicated infections. For alternate drug regimens, treatment of complicated infections, treatment of pregnant women, and treatment of persons with allergies to the recommended drugs, refer to Centers for Disease Control, 1989 Sexually Transmitted Diseases Treatment Guidelines, MMWR 1989; 38 (No. S-8).

Granuloma inguinale\*

tetracycline HCl: 500 mg orally, 4 times a day for at least 3 weeks

or

streptomycin: 1 gram (IM), 2 times a day for at least 3 weeks

If the antibiotic is effective, the lesion should be clinically resolving by day 7. Therapy should be continued for a minimum of 3 weeks or until lesions have completely healed.

Lymphogranuloma venereum\*

doxycycline: 100 mg orally, 2 times a day for 21 days

or

tetracycline HCl: 500 mg orally, 4 times a day for 21 days

or

erythromycin: 500 mg orally, 4 times a day for 21 days

\*All listed treatments are for adults with uncomplicated infections. For alternate drug regimens, treatment of complicated infections, treatment of pregnant women, and treatment of persons with allergies to the recommended drugs, refer to Centers for Disease Control, 1989 Sexually Transmitted Diseases Treatment Guidelines. MMWR 1989;38(No. S-8).

## Appendix C

### Treatment of Hansen's Disease

#### Recommended Treatment\*

All adult patients should receive at least 2 drugs:

dapsone: 100 mg daily

and

rifampin: 450 to 600 mg, 1 dose per month

A third drug (clofazamine, ethionamide, or protionamide) should be added for patients with lepromatous leprosy.

\* A Guide to Leprosy Control (2nd ed). Geneva: World Health Organization, 1988



\*\*The following is cover letter dated July 13, 1992 which was sent to Civil Surgeons indicating changes made to Technical Instructions for Medical Examination Of Aliens, June 1991. These changes have been incorporated into the attached preceding copy of the technical instructions.

Dear Civil Surgeon:

On June 12, 1992, the Centers for Disease Control distributed the new *Technical Instructions for Medical Examination of Aliens* (TIs) to civil surgeons and immigration offices in the United States. In our cover letter to civil surgeons, we asked that you provide us with any comments you may have after implementing the instructions. We received comments from many civil surgeons, and we have made appropriate changes based on those comments. Please substitute the enclosed pages in your TIs.

Pages Enclosed

Pages III-1-2, III-3-4, III-13-14, III-15-16.

Pages Superseded

Pages III-2, III-3, III-13-14, III-15.

Background

On page III-2, the second block and third blocks on Table 1 have been modified. Pregnant women who request that no chest radiograph be taken must be asymptomatic for tuberculosis. If they are symptomatic for active pulmonary tuberculosis they must receive a chest radiograph. If the radiograph is compatible with active tuberculosis, sputum smears must be obtained. (NOTE: If the applicant continues to refuse the radiograph the medical examination cannot be completed and must be deferred until after delivery. The medical examination form cannot be completed. The applicant should be referred to the local health department.)

Pregnant women who have a documented history of having been immunized with bacille Calmette-Guerin (BCG) vaccine (or evidence of BCG, i.e., scar) and are asymptomatic should be advised to have a chest radiograph taken following delivery. The medical examination should be completed. Their medical document must note why a tuberculin test was not administered and that no radiograph was taken. The medical examination is completed and no further examination is required.

In the third block, the use of lead shielding for women in childbearing age has been added and under ~~A~~When reading radiographs  $\cong$  the following additional note has been inserted: ~~A~~Indicate whether or not there has been any change over time (stable, worsening, improving);  $\cong$

On page III-3, the last 2 blocks on Table 2 have been changed and a new block has been inserted. Applicants with abnormal chest radiographs that are consistent with old or healed tuberculosis (e.g., calcified hilar lymph nodes, calcified primary complex or calcified granuloma) should be classified as Class B3. Sputum smears are not required.

On page III-13, paragraph b., the 5 year requirement to demonstrate remission from addiction or abuse of drugs listed in section 202 of the Controlled Substances Act has been lowered to 3 years.

On page III-13, paragraph ~~A~~  $\cong$  has been added. The added definition, ~~A~~experimentation  $\cong$ , will allow examining physicians to use their clinical judgement and/or seek consultation when facing a situation where an applicant's medical history indicates past nonmedical use of a psychoactive substance.

On page III-14, paragraph d. 1), the 5-year requirement to demonstrate remission from addiction or abuse of drugs listed in section 202 of the Controlled Substances Act has been lowered to 3 years.

On page III-15, the change for demonstrated remission from 5 years to 3 years for addiction or abuse of drugs listed in section 202 of the Controlled Substances Act is reflected in Table 6.

#### Pen-and-Ink Changes

Please make the following pen-and-ink changes in your copy of the *Technical Instructions for Medical Examination of Aliens in the United States*:

Page III-1 - under b. ~~A~~referral,  $\cong$  in the last sentence change ~~A~~.. the reaction of  $\geq 5$  mm ...  $\cong$  to ~~A~~.. the reaction of  $\geq 10$  mm ...  $\cong$

Page III-5 - The first sentence of the second paragraph reads: ~~A~~ positive test will result mean that you will not

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be eligible for adjustment of status.≡ The word ~~will~~≡  
should be changed to may.≡

If you receive this letter and are currently conducting medical examinations for the Immigration and Naturalization Service (INS) but you did not receive a copy of the *Technical Instructions for Medical Examination of Aliens in the United States*, that were distributed in June 1991, please call (404) 498-1600. Also, if you receive this letter and are no longer conducting medical examinations for INS, please call the same number so that we can remove your name from our list of civil surgeons. If you have not already done so, you should also inform INS.

Sincerely yours

Charles R. McCance  
Director  
Division of Quarantine  
National Center for Prevention Services