

9 FAM 42.66 NOTES

*(CT:VISA-1638; 04-07-2011)
(Office of Origin: CA/VO/L/R)*

9 FAM 42.66 N1 MEDICAL EXAMINATION OF IMMIGRANT VISA (IV) APPLICANTS

(CT:VISA-1067; 10-09-2008)

- a. INA 221(d) (8 U.S.C.1201(d)) requires all applicants applying for immigrant visas (IV) to undergo a physical and mental examination. The results of this statutorily required medical examination are used to determine the alien's eligibility for such a visa. The medical finding by the panel physician or the Department of Health and Human Services/ Public Health Service/Centers for Disease Control and Prevention (HHS/PHS/CDC), if referred to that agency, is binding on you. (See 9 FAM 40.11.)
- b. Visa medical examinations may not be conducted in the United States. The post shall inform an alien pursuing a visa application abroad, while physically present in the United States, that the medical examination will be conducted by a panel physician who has been designated by the visa-issuing post to conduct medical examination of aliens in the country in which the alien applies for a visa.

9 FAM 42.66 N2 PANEL PHYSICIANS

(CT:VISA-1638; 04-07-2011)

There are no specific regulations governing the selection of panel physicians. The consular officer has the authority to appoint them without prior approval from the Department. However, the U.S. Public Health Service (USPHS)/CDC Division of Global Migration and Quarantine, in collaboration with the Bureau of Consular Affairs/Visa Office (CA/VO), oversees and monitors panel physician activity. The USPHS/CDC has provided guidelines on how to select a panel physician (see 9 FAM 42.66 Exhibit II). The USPHS/CDC recommends that consular officers, in selecting panel physicians, seek the advice of the local medical community, medical associations in the area, and any U.S. Government physicians who may be available locally. Posts *must* have current written agreements with panel physicians. (See 9 FAM 42.66 Exhibit I for text of sample written agreement

and 9 FAM 42.66 Exhibit II, "How to Select a Panel Physician and Monitor the Medical Examination for Immigration Visa".)

9 FAM 42.66 N2.1 Criteria for Appointment of Panel Physician

(CT:VISA-1638; 04-07-2011)

USPHS/CDC recommends that the following criteria be applied, when possible, in the appointment of panel physicians:

- (1) The physician must have satisfactorily completed medical education and have a medical degree from an accredited medical school;
- (2) The physician should have special competence in the diagnosis and treatment of individuals with tuberculosis and sexually transmitted illnesses (STIs) and should be able to recognize mental illness;
- (3) The physician should have demonstrated competence to perform large numbers of examinations for specific purposes, such as insurance, industrial employment, etc. (this point is less important for a post where there are a limited number of medical examinations);
- (4) The physician should have reliable X-ray facilities or access to such facilities and should be able to make arrangements for laboratory work to be performed by a laboratory of recognized competence; and
- (5) The physician should have reliable storage facilities or have access to such facilities for vaccines, according *to the* CDC's 2007 Technical Instructions for Vaccinations. Proper handling and storage of vaccines are important to ensure their potency.

9 FAM 42.66 N2.2 Small Number of Panel Physicians with Convenient Offices

(CT:VISA-1067; 10-09-2008)

The USPHS/CDC recommends that the number of examining physicians be kept to a minimum and that a high percentage of the visa medical examinations be done by no more than two physicians. Additional physicians may be appointed at posts with a large volume of cases, or in the event of a protracted illness, or extended absence of a physician. To enable the consular officer to minimize possible fraud (see 9 FAM 42.66 N10.2) and for better communications with the examining physician, it is best to have the physician's examining facility located near the visa-issuing post. The Department is aware that many posts feel obligated to approve greater

numbers of panel physicians in scattered locations under their jurisdiction out of considerations of convenience and cost to the alien. The current recommendation is to have one panel physician per 2,000 applicants.

9 FAM 42.66 N2.3 Use of Hospital Physicians for Examinations

(CT:VISA-1391; 01-13-2010)

When the post uses the facilities of a hospital with a large number of doctors and where there is normally a large turnover of doctors, USPHS/CDC suggests that the post appoint two hospital physicians to be responsible and accountable for the medical examinations and authorized to sign the Form DS-2053, Medical Examination For Immigrant or Refugee Applicant (for use with TB Technical Instructions 1991) or Form DS-2054, Medical Examination for Immigrant or Refugee Applicant (for use with TB Technical Instructions 2007). Sample signatures of these physicians should be kept on file at the post.

9 FAM 42.66 N2.4 U.S. Public Health Service/ Centers for Disease Control and Prevention (USPHS/CDC) Regulations Governing Medical Examinations

(CT:VISA-1391; 01-13-2010)

- a. USPHS/CDC regulations relating to medical examinations of applicants can be found at 42 CFR 34. For specific instructions for performance of medical examinations, see Technical Instructions (TIs) for Panel Physicians, the 2007 Tuberculosis (TB) TIs, and 2007 TIs for Vaccinations. Each panel physician should have his or her own personal copy of these instructions.
- b. On July 30, 2001, the CDC posted instructions to panel physicians for completing U.S. Department of State Form DS-2053, Medical Examination For Immigrant or Refugee Applicant, and associated worksheets; Form DS-3024, Chest X-Ray and Classification Worksheet; Form DS-3025, Vaccination Documentation Worksheet; and Form DS-3026, Medical History and Physical Examination Worksheet. (See CDC's Instructions for Department of State Forms.)
- c. Please provide a copy of these instructions to your panel physicians. These instructions are also available from the Consular Affairs Intranet home page under the visa office links.

9 FAM 42.66 N3 PANEL PHYSICIAN AGREEMENTS

(CT:VISA-1067; 10-09-2008)

- a. Upon assuming duty as an immigrant visa chief (or chief of a small consular section), you should review all existing panel physician agreements to verify that they are valid and conform to suggested standard language (see 9 FAM 42.66 Exhibit I), or meet the criteria for a derivative contract developed and approved by the Centers for Disease Control and Prevention (CDC). A copy of each agreement should have been sent to:

QAP Immigrant, Refugee, and Migrant Health
Division of Global Migration Quarantine, (MS-E03)
Centers for Disease Control and Prevention
Atlanta, GA 30333

- b. You may also send scanned signed Panel Physician Agreements to CDC via e-mail at: cdcqap@cdc.gov.
- c. It is no longer necessary to send copies of these agreements to the Department, unless post wishes confirmation from the Post Liaison Division (CA/VO/F/P) that the agreement meets basic requirements.

9 FAM 42.66 N4 CONTACT WITH PANEL PHYSICIANS

9 FAM 42.66 N4.1 Introductory Visit to Panel Physician

(CT:VISA-1067; 10-09-2008)

If possible, you should pay an introductory call on each panel physician at the physician's office. During the visit, you should ensure that the physician is thoroughly familiar with the CDC's 1991 Technical Instructions For the Medical Examination of Aliens, 2007 Tuberculosis (TB) Technical Instructions, 2007 Technical Instructions for Vaccinations, and any CDC published updates, and is performing examinations in strict compliance with CDC instructions. You should review proper procedures for establishing the identity of persons being tested. You should also inspect the laboratory facilities and review prescribed procedures for ensuring the proper control of X-rays and blood samples. (See 9 FAM 42.66 Exhibit II, "How to Select a Panel Physician and Monitor the Medical Examination for Immigrant Visas.")

9 FAM 42.66 N4.2 Visiting Outside Laboratories

(CT:VISA-1067; 10-09-2008)

If the panel physicians use outside laboratory facilities, you should require them to keep the total number of labs to a minimum; we suggest no more than three per country. Where feasible, panel physicians should oversee the drawing of the blood samples to ensure against substitution. Consular officers and panel physicians should also visit outside labs on a periodic basis to ensure that proper identification safeguards and good laboratory procedures are being followed. Finally, you should emphasize the necessity of the physician personally contacting the officer in the event of a Class A finding in any applicant.

9 FAM 42.66 N4.3 Follow-up Contacts

(CT:VISA-1638; 04-07-2011)

You should maintain periodic contact with the panel physicians, and should, if possible, make occasional, unannounced visits. You should occasionally ask immigrant visa (IV) applicants to describe the scope of the medical examination they received, the procedures used to establish identity, and the arrangements for pick-up of the medical reports. You should discuss any lax or improper procedures with the panel physician.

9 FAM 42.66 N4.4 Group Sessions

(CT:VISA-1067; 10-09-2008)

Where workload and logistics permit, you may host group meetings, which involve all panel physicians. Such meetings give panel physicians the opportunity to share notes and raise any current problems or issues which they may wish to discuss.

9 FAM 42.66 N5 MEDICAL SCREENING FORMS

(CT:VISA-1391; 01-13-2010)

The forms listed in 9 FAM 42.66 N5.1 through 9 FAM 42.66 N5.4 are the required medical screening forms. Posts can review and download forms from e-Forms. Posts should make hard copies of the forms locally, either through photocopies or through a local printer. Reproduction costs must come from post funds. The intent of these new forms is to provide a better screening process of Class A (excludable) and Class B medical conditions of immigrant visa (IV) and refugee applicants.

9 FAM 42.66 N5.1 Forms DS-2053 and DS-2054, Medical Examination for Immigrant or Refugee Applicant

(CT:VISA-1391; 01-13-2010)

- a. Form DS-2053, Medical Examination for Immigrant or Refugee Applicant (for use with TB Technical Instructions 1991) and Form DS-2054, Medical Examination for Immigrant or Refugee Applicant (for use with TB Technical Instructions 2007) are essential for immigrant applicants or refugee resettlement. They should be used consistently and always be included in the immigrant or refugee packet. Form DS-2053 / Form DS-2054 is used to establish eligibility under INA 212(a)(1). You are responsible for ensuring that the physician has completely filled out all of the information at the top of the form.
- b. If a Class A condition is found, you must determine which Class A condition(s) applies to the immigrant visa (IV) applicant and whether a waiver under INA 212(g) is applicable. (If a refugee is found to have a Class A condition, you should seek the assistance of Bureau of Population, Refugees and Migration/Office of Admissions (PRM/A) or follow guidance on waiver processing for refugees.) For posts using the 1991 Technical Instructions, the medical exam involving a Class A condition is only valid for six months, instead of the normal twelve months. For posts using the 2007 TB TIs, if the Class A condition is non-TB, the medical exam is only valid for six months. In the case of Class A, TB condition with a waiver, the medical exam is only valid for three months. You should inform the visa applicant of the time frame validity of the medical exam and the requirement that they must get a new medical examination if they do not depart for the United States within the validity period of their exam. Class A waivers for tuberculosis, HIV/AIDS, or mental disorders should be annotated on the Machine Readable Immigrant Visa (MRIV) to reflect the applicant's condition for the U.S. Public Health Service (USPHS). (See 9 FAM 42.73 PN2.1 (b).)
- c. If a Class B condition is found in the case of immigrant visa (IV) applicants, the box in "Class B Conditions" is checked, and you should annotate the MRIV in the USPHS box. (See 9 FAM 42.73 PN2.1 (b).) You should also determine if there are any public charge issues. If there are not, the visa process can continue. For posts using the 1991 TIs, if there is a Class B1 or B2 TB condition, the medical exam is only valid for six months, instead of the normal twelve months. For posts using the 2007 TB TIs, if there is a Class B2 TB or Class B3 TB the medical exam is only valid for six months. In cases involving a Class B1 TB Pulmonary or Class B1 TB Extrapulmonary the medical exam is only valid for three months. You should inform the visa applicant of the time frame validity of the

medical exam and the requirement to get a new medical exam if they do not depart for the United States within the validity period of the examination.

9 FAM 42.66 N5.2 Forms DS-3024 and DS-3030, Chest X-Ray and Classification Worksheet

(CT:VISA-1391; 01-13-2010)

Form DS-3024, Chest X-ray and Classification Worksheet and Form DS-3030, Chest X-Ray and Classification Worksheet are designed for the physician's use in diagnosing a tuberculosis (TB) condition and classification. The panel physician should ascertain fraud prevention measures in collecting information. The panel physician should ascertain that fraud prevention measures for applicant identity verification and information collection are taken by outside x-rays labs to which applicants are referred. (See 9 FAM 42.66 N10 below.) Form DS-3024 is used with Form DS-2053 and Form DS-3030 is used with Form DS-2054.

9 FAM 42.66 N5.3 Form DS-3025, Vaccination Documentation Worksheet

(CT:VISA-1067; 10-09-2008)

Form DS-3025, Vaccination Documentation Worksheet, provides a list of immunizations needed by the applicant as required by law. A copy of the vaccination worksheet should be provided to the applicant.

9 FAM 42.66 N5.4 Form DS-3026, Medical History and Physical Examination Worksheet

(CT:VISA-1067; 10-09-2008)

Form DS-3026, Medical History and Physical Examination Worksheet, includes information regarding past medical history as reported by the applicant and recorded by the panel physician or by other qualified medical personnel. Rules concerning the requirements of medical history and medical examination can be found in the Center for Disease Control "Technical Instructions for Medical Examination Aliens" and in the panel physician agreement. (See 9 FAM 42.66 Exhibit I.) This form should be reviewed by you to determine whether an additional medical condition would raise public charge issues. (Public charge concerns are not applicable to refugee applicants.)

9 FAM 42.66 N6 FEE FOR MEDICAL EXAMINATION BY PANEL PHYSICIAN

(CT:VISA-1067; 10-09-2008)

The fees charged for the medical examination, chest x-rays, vaccinations, and serological tests are to be determined by the consular officer and the selected physician and should be governed by prevailing medical fees charged within the country for similar services.

9 FAM 42.66 N7 VALIDITY PERIOD OF APPLICANTS' MEDICAL EXAMINATION

(CT:VISA-1067; 10-09-2008)

See 9 FAM 40.11 N6.

9 FAM 42.66 N8 BASIS OF MEDICAL REPORT IN *DETERMINING* ELIGIBILITY UNDER INA 212(a)(1) - CLASS A/CLASS B MEDICAL FINDINGS

(CT:VISA-1638; 04-07-2011)

- a. The panel physician conducts the examination and testing required to assess the applicant's medical condition and then completes Form DS-2053, Medical Examination for Immigrant or Refugee Applicant (for use with TB Technical Instructions 1991 and Form DS-3024) or Form DS-2054, Medical Examination for Immigrant or Refugee Applicant (for use with TB Technical Instructions 2007 and Form DS-3030), Form DS-3024, Chest X-Ray and Classification Worksheet or Form DS-3030, Chest X-Ray and Classification Worksheet, Form DS-3025, Vaccination Documentation Worksheet, and Form DS-3026, Medical History and Physical Examination Worksheet. You cannot find an applicant inadmissible under INA 212(a)(1) (8 U.S.C. 1182(a)(1)) without a report from the panel physician. The panel physician determines whether diagnostic tests are needed when the medical condition is self-declared by the applicant.
- b. Upon completion of the applicant's medical examination, the examining physician shall submit the report to you. The report must include the results of any diagnostic tests required for the diagnosis of diseases identified as communicable diseases of public health significance and any other tests necessary to confirm a suspected diagnosis of any other "Class A" or "Class B" condition. You will see the list of the results on the

form as follows:

- (1) No defect, disease, or disability;
 - (2) "Class A"—a communicable disease of public health significance or a physical or mental disorder associated with harmful behavior, or drug abuse/addiction (INA 212(a)(1)(A)(i), (iii), or (iv)); or
 - (3) "Class B"—physical or mental defect, disease, or disability serious in degree or permanent in nature amounting to a substantial departure from normal physical or mental well-being.
- c. A "Class A" medical finding requires you to find an alien inadmissible under INA 212(a)(1). The physician's examination must be conducted in accordance with the current "Technical Instructions for Medical Examination of Aliens" (Technical Instructions) distributed by the Centers for Disease Control (CDC).
- d. A "Class B" finding informs you that a serious medical condition exists that constitutes a departure from normal health or well-being. You must consider such finding when assessing the alien's eligibility for visa issuance; i.e., the likelihood of the alien becoming a public charge.

9 FAM 42.66 N9 COMMUNICABLE DISEASES OF PUBLIC HEALTH SIGNIFICANCE

(CT:VISA-1067; 10-09-2008)

See 9 FAM 40.11 N9 for this list.

9 FAM 42.66 N10 PRECAUTIONS IN ESTABLISHING IDENTITY OF VISA APPLICANTS UNDERGOING MEDICAL EXAMINATION

9 FAM 42.66 N10.1 Verifying Identity of Person Examined

(CT:VISA-1638; 04-07-2011)

Consular officers *must* ensure that panel physicians take every possible safeguard to verify that the person who is examined by the physician is, in fact, the visa applicant. Appropriate steps *must* be taken to preclude the substitution of persons at medical examinations as well as other fraud.

9 FAM 42.66 N10.2 Physicians' Responsibilities Regarding Alien's Identity

(CT:VISA-1638; 04-07-2011)

- a. Post *should* provide an instruction sheets to the alien outlining the medical examination requirements and procedures. The consular officer should instruct the applicant that they must present these instructions and their passport to the panel physician at the time of the medical examination.
- b. The instruction sheets *must* convey to the examining physician the need for careful comparison of the identity of the visa applicant with the photograph attached to the alien's passport or with other documents of identity in order to prevent potential fraud. Instruction sheets *must* also include a requirement that the physician endorse Form DS-2053, Medical Examination for Immigrant or Refugee Applicant (for use with TB Technical Instructions 1991) or Form DS-2054, Medical Examination for Immigrant or Refugee Applicant (for use with TB Technical Instructions 2007).

9 FAM 42.66 N10.3 X-Ray and Other Medical Documents to Refer to Specific Alien by Name

(CT:VISA-1067; 10-09-2008)

Reports of serological or other tests, particularly the chest x-ray, must include the name of the alien examined to prevent document substitution. This requirement applies to all images, regardless of format. CDC acceptable formats are recordable compact disks (CD-Rs), laser-printed films, or conventional emulsion films. You should instruct the panel physician(s) to follow the procedure set forth in 9 FAM 42.66 N10.2 when he or she refers a visa applicant to another physician or to a laboratory for an x-ray examination or laboratory tests. Also instruct the physician or laboratory to which the alien is referred to take similar care in establishing the visa applicant's identity on all documentation.

9 FAM 42.66 N11 CHEST X-RAYS, SEROLOGIC TESTS, AND X-RAY REQUIREMENT FOR APPLICANTS UNDER 15 YEARS OLD AND PREGNANT WOMEN

9 FAM 42.66 N11.1 Chest X-Ray and Serologic

Tests for Applicants Under 15 Years Old

(CT:VISA-1391; 01-13-2010)

CDC regulations provide that neither a chest x-ray examination nor serologic testing for syphilis shall be required if the alien is under the age of 15. However, applicants under the age of 15 who are ill and have signs or symptoms suggestive of tuberculosis or who are a known contact of someone diagnosed with tuberculosis should have a tuberculin skin test (TST). A chest x-ray (CXR) examination may be required, depending on the result of the TST. Applicants under 10 years of age who receive a CXR should have a standard view and lateral view images. If the applicant has a CXR with findings suggestive of tuberculosis, the applicant should provide three sputum specimens to undergo microscopy for acid-fast bacilli, as well as cultures for mycobacteria and confirmation of the Mycobacterium species (in accordance with the 2007 TB TIs). A serologic test may also be required where there is reason to suspect infection with syphilis.

9 FAM 42.66 N11.2 X-Ray Requirement for Pregnant Women

(CT:VISA-1391; 01-13-2010)

- a. CDC requires that women who are pregnant and required to have a medical examination in connection with the issuance of a visa and are examined in a country currently using the 2007 TB Technical Instructions must have a chest x-ray examination conducted. This requirement does not apply to those posts using the 1991 TB Technical Instructions.
- b. Pregnant women will have to provide the panel physician with consent to conduct the chest x-ray. For the health of the applicant and her unborn child, CDC instructs panel physicians and laboratories to provide abdominal and pelvic protection with double layer, wrap-around lead shields when they receive the chest radiographs.

9 FAM 42.66 N12 REFERRAL OF DOUBTFUL CASES BY PANEL PHYSICIANS TO LOCAL SPECIALISTS AND U.S. PUBLIC HEALTH SERVICE/CENTERS FOR DISEASE CONTROL AND PREVENTION (USPHS/CDC)

9 FAM 42.66 N12.1 Cases to be Referred Locally if Possible

(CT:VISA-1391; 01-13-2010)

Since USPHS/CDC does not currently have physicians stationed abroad to whom panel physicians may refer doubtful cases, consular officers should inform local panel physicians that whenever further medical consultation is deemed advisable, the applicant should be referred to an appropriate local specialist at the applicant's expense. Under generally accepted medical procedures, the specialist should report the findings and opinion to the panel physician who remains responsible for the completion of Form DS-2053, Medical Examination for Immigrant or Refugee Applicant (for use with TB Technical Instructions 1991 and Form DS-3024) or Form DS-2054, Medical Examination for Immigrant or Refugee Applicant (for use with TB Technical Instructions 2007 and Form DS-3030), Form DS-3026, Medical History and Physical Examination Worksheet, Form DS-3024, Chest X-ray and Classification Worksheet or Form DS-3030, Chest X-Ray and Classification Worksheet, and Form DS-3025, Vaccination Documentation Worksheet, and final results of the medical examination.

9 FAM 42.66 N12.2 Referral to U.S. Public Health Service/ Centers for Disease Control and Prevention (USPHS/CDC) in Rare Instances

(CT:VISA-1638; 04-07-2011)

- a. In those comparatively rare instances where no local specialist is available for consultation, local panel physicians shall refer specific problems to USPHS/CDC at the following address:
 - QAP Manager
 - Immigrant, Refugee, and Migrant Health
 - Division of Global Migration and Quarantine, (MS-E03)
 - Centers for Disease Control and Prevention
 - Atlanta, Georgia 30333
- b. In submitting medical questions relating to diseases of the chest, the panel physician *should* furnish the following:
 - (1) A complete medical history including history of the clinical course of the disease;
 - (2) Bacteriological studies (AFB smears or culture results);
 - (3) Description of X-ray findings (transmit all X-rays);
 - (4) Detailed account of treatment (chemotherapy and other); and
 - (5) Organism resistance studies, if done.
- c. If the problem relates to mental illness, the panel physician *should* furnish the following information:

- (1) A complete medical history of the alien, including details of any hospitalization or institutional care or treatment for any physical or mental condition;
 - (2) Findings as to the current physical condition of the alien, including reports of chest X-ray examination and of serologic testing for syphilis infection if the alien is 15 years of age or older, and other pertinent diagnostic tests; and
 - (3) Findings as to the current mental condition of the alien, with information as to prognosis and life expectancy and with a report of a psychiatric examination conducted by a psychiatrist who, in case of mental retardation, shall also provide an evaluation of intelligence.
- d. For an alien with a past history of mental illness, the medical report *must* also contain information on which the USPHS/CDC can base a finding as to whether the alien has been free of such mental illness for a period of time sufficient in the light of such history to demonstrate recovery.

9 FAM 42.66 N12.3 Confidentiality of Reports Received from U.S. Public Health Service/ Centers for Disease Control and Prevention (USPHS/CDC)

(CT:VISA-1391; 01-13-2010)

Consular officers receiving reports from the USPHS/CDC in response to direct requests for review may inform inquirers for this review that the report has been received but may furnish additional information only as consistent with the requirements of INA 222(f) concerning the confidentiality of records pertaining to the issuance or refusal of visas.

9 FAM 42.66 N13 DIVULGENCE OF CONTENTS OF MEDICAL EXAMINATION REPORTS

(CT:VISA-1638; 04-07-2011)

Consular officers *must* be guided by the information in 9 FAM 40.4 N3 in responding to inquiries on individual visa cases and grounds of visa ineligibility for medical reasons. Consular officers should not divulge the particulars of an applicant's general physical and mental health. The inquirer should be told only that the applicant has been found to be medically qualified for a visa. The inquirer should be referred to the visa applicant for further information.

9 FAM 42.66 N14 DISPOSITION OF MEDICAL REPORTS

(CT:VISA-1638; 04-07-2011)

- a. In cases in which no Class A or inadmissible Class B medical condition (i.e., Class B TB) is detected, the panel physician may give the medical reports to the applicant to take to the interview.
- b. In cases in which a Class A medical condition is detected, the panel physician *must* not give the medical report to the applicant but shall ensure that it is delivered directly to the consular officer, except in rare instances when the physician must give the report to the applicant to deliver to the consular officer. In those rare instances in which it is necessary for the applicant to take the medical report to the consular officer, the panel physician must ensure that the report is placed in a sealed envelope in such a way that the consular officer can easily determine if it has been opened.
- c. In cases in which an inadmissible Class B medical condition (i.e., Class B tuberculosis) is detected, the panel physician shall not give the medical report to the applicant but *must* ensure that it is delivered directly to the consular officer, except in cases in which the procedure is impractical. In those rare instances in which it is necessary for the applicant to take the medical report to the consular officer, the panel physician must ensure that the report is placed in a sealed envelope in such a way that the consular officer can easily determine if it has been opened.

9 FAM 42.66 N15 DISPOSITION OF MEDICAL DOCUMENTS AFTER VISA ISSUANCE TO APPLICANTS WITH AND WITHOUT CLASS A OR B MEDICAL CONDITIONS

(CT:VISA-1638; 04-07-2011)

- a. **NO CLASS A OR CLASS B MEDICAL CONDITION:** The panel physician should provide a copy of all medical examination forms and related worksheets to the alien. Aliens without a Class A or Class B medical condition are not required to present copies of their medical evaluation at the port of entry. In cases where the applicant has had a chest x-ray, you should instruct the panel physician to give the x-ray image(s) directly to the alien. If, however, the x-ray image(s) or CD-R is hand-carried or sent to the consular section, you *must* give the images to the applicant for their medical records. Instruct the alien to:

- (1) Retain this x-ray image as an important record of his or her physical condition at the time of the medical examination; and
- (2) Take the chest x-ray image(s) to the United States as part of his or her permanent health record.

b. **CLASS A OR CLASS B MEDICAL CONDITION:** At the time of visa issuance, attach, by staples, to the alien's passport a sealed envelope containing the original and three copies of Form DS-2053, Medical Examination for Immigrant or Refugee Applicants, and all related worksheets. U.S. Customs and Border Protection (CBP) will collect the original form, give one copy to the alien and two copies to the USPHS/CDC Quarantine Station, which will keep one copy and send the other to CDC Headquarters. The envelope must be clearly marked "Medical Report (Form DS-2053 and related worksheets) enclosed." Give to the applicant all available x-ray image(s) (in a CDC accepted format) pertaining to the case in a separate sealed envelope. Label the envelope: For delivery by (alien's name) to the (name of hospital agreed on) as soon as possible after entry into the United States.

Instruct the alien to:

- (1) Retain the x-ray image(s) as an important record of his or her physical condition at the time of the medical examination; and
- (2) Take the chest x-ray image(s) to the United States as part of his or her permanent health record.

Since these images are for follow-up evaluation purposes only, the alien need not hand-carry the x-ray image(s) for presentation at the port of entry.

9 FAM 42.66 N16 IMMIGRANTS ADVISED TO CARRY IMMUNIZATION AND OTHER RECORDS TO UNITED STATES

(CT:VISA-1638; 04-07-2011)

- a. Every state in the United States now requires that children have a record of completed immunization(s) at the time of a child's first enrollment into school. In most states, this applies to transfer students entering any grade. Therefore, the USPHS/CDC strongly recommends that children entering the country should either have evidence of immunity consisting of physician documentation of prior disease or a record of immunizations.
- b. Panel physicians *must* inform immigrant visa (IV) applicants at the time of examination that problems may be encountered should they enter the United States without proper health records and certifications of

vaccinations, and they *must* urge the applicants to obtain such documents from their private physicians, local health departments, or schools prior to departure.

- c. Panel physicians must provide a copy of Form DS-3025, Vaccination Documentation Worksheet, to all immigrants as part of their permanent health record. Immigrants should be advised to hand-carry this document with their other medical paperwork.

9 FAM 42.66 N17 APPLICANTS SUSPECTED OF BEING HIV POSITIVE BY THE PANEL PHYSICIAN

(CT:VISA-1391; 01-13-2010)

On November 2, 2009, CDC issued the HIV Final Rule removing HIV infection from the definition of communicable disease of public health significance effective January 4, 2010. It removed HIV infection as a ground of ineligibility under 42 CFR 34 and serologic testing for HIV from the scope of the medical examination for immigration purposes. However, for applicants who may benefit from being tested for HIV, the panel physician may counsel the applicant about HIV, and may administer an HIV serologic test, if the applicant consents to the testing. The panel physician must also inform the applicant that they do not have to be tested for HIV and that the results of the HIV serologic testing will be provided to the consular section processing his or her visa application as part of the visa medical examination packet of forms.