

9 FAM 42.66 EXHIBIT II HOW TO SELECT A PANEL PHYSICIAN AND MONITOR THE MEDICAL EXAMINATION FOR IMMIGRANT VISAS

*(CT:VISA-1774: 11-18-2011)
(Office of Origin: CA/VO/L/R)*

Physicians, under agreement with the Consular Section (panel physicians) of the embassy or consulate, conduct the medical examination of U.S.-bound immigrants and refugees.

Standard criteria should be used in determining if a physician has adequate training and/or experience to be a panel physician. An **agreement of 1-year** duration is signed between the consular officer and the physician for his/her services for that time period. A model of that agreement is provided below. The **termination of a panel physician** should occur when due cause is found. Finally, the consular officer should maintain a **good relationship with the panel physician**. This usually occurs by periodic visits to his/her facility or telephone communication. At least once a year, the consular officer should perform an **evaluation of all the components of the medical examination**, including the panel physician.

I. Standard criteria for determining if a physician should enter into agreement with the embassy/consulate to become a panel physician are:

- Make sure the need for such a physician exists. The number of examining panel physicians must be kept to a minimum; therefore, only one panel physician should be appointed for 2,000 visa applicant examinations.
- If a hospital facility is used, it is recommended that two permanent hospital staff physicians be responsible and accountable for the medical examinations of all the visa applicants. Furthermore, a co-signature by one of these permanent physicians should appear on all the Department of State medical documents (DS-2053, etc.)

- The panel physician must speak and write in English.
- The panel physician should submit a résumé or CV, showing satisfactory completion of medical education and a medical degree from a national government accredited medical school.
- The panel physician should have a full local license with no restrictions that they have used for the past 4 years.
- The panel physician should have an official governmental certificate of good standing, or the equivalent, in the medical profession, if available in the country where the physician has his/her license.
- The consular officer should obtain, two independent professional references provided by the physician.
- The consular officer should follow-up on these independent professional references with verbal contact to one of the references prior to the appointment of the panel physician.
- In selecting a panel physician, the consular officer should seek the advice of the local medical community, and medical associations and any U.S. Government physicians in the area.
- The panel physician appointment is person and location specific. If the physician moves, the appointment is reviewed rather than automatically being transferred. A need for the physician must exist.
- If another physician acts of behalf of the panel physician, the final responsibility of exam results lies with the panel physician.
- A sample signature must be given to the post to keep on file to periodically assess for fraud.
- The panel physician must be available for a minimal of 46 weeks out of 52 weeks a year. Any absence of greater than 2 weeks requires notification to the post with the recommendation of a physician to take over emergency duties during the absence of the panel physician.
- Knowledge of the stand-in physician needs to be conveyed to the responsible post.

Medical requirements:

- The panel physician should be adept in Primary care (pediatrics, internal medicine, or family medicine) and have specialty training or experience after graduating from medical school. Some countries do not have residency programs; therefore, on-the-job training must suffice. The panel physician must have specific competence in the diagnosis and treatment of individuals with tuberculosis and sexually transmitted diseases, and should be able to recognize mental disorders.
- The panel physician should identify a psychiatrist, if at all possible, for the referral of any individual who appears to have a mental disorder.
- The panel physician should have reliable radiology (X-ray) and serology (syphilis and HIV [human immunodeficiency virus] laboratory) facilities identified. These can either be on the premises or contracted out.
- Specialty training in pediatrics is desired for posts with large volumes of international adoptee cases.
- The panel physician should have accumulated 4 years in practice after their internship training is completed. Less than 4 years in practice would mean a probation period would be established before full panel physician status would be bestowed.
- The panel physician must agree to participate in quality control surveillance.

Facility requirements:

- The Physical plant must be acceptable; it should be at a minimum a well lit facility with an examination table, a blood pressure cuff, instruments to examine the eyes and ears (ophthalmoscope and otoscopy), and an eye chart (at 20 feet).
- E-mail or fax communication capabilities identified by the panel physician is highly desirable.
- Examinations must be given within 10 working days of the date that is asked for by the applicant.
- The panel physician must be able to verify the identity of each applicant and use fraud prevention measures at every step in the

process (at time of blood draw [phlebotomy], X-ray, vaccine administration, and sputum collection).

Note: Where possible and the number of visa applicants warrant two or more, panel physicians should be of both sexes at every location.

II. Removal standards for panel physicians:

- Panel Physicians can be removed for due cause (such as fraud, loss of license, and criminal conviction). This would result in the immediate loss of appointment as panel physician. Short of this, consideration will be given to education and counsel the panel physician in areas that are deficient.
- Any complaint against a panel physician will be investigated by the consular officer, and if possible by the Division of Quarantine of the Centers for Disease Control and Prevention (DQ/CDC), and any action resulting will be communicated to CA in Washington, DC (post liaison) and DQ/CDC.
- If the post decides they no longer wish to continue the relationship with the panel physician, but does not have due cause to remove the panel physician, they can either wait until the yearly time limit on the panel physician agreement expires, then notify the panel physician that their services will not be continued by the embassy/consulate or give 90 days notice as noted in the panel physician agreement above.

III. Maintenance of the appointment for a panel physician:

- Renew the written agreement annually, usually every October 1st.
- Check that there is a current full local license with no restrictions.
- Check that there is a current official governmental certificate of good standing, or equivalent, in the medical profession, if available in the country where the physician has his/her license.

IV. The components of the medical examination, which should be evaluated by the consular officer are:

1. The Panel Physician's Contact with the Applicant, Consisting of Collecting Past Medical History and Performing a Physical Examination;
2. Determining Vaccination History and Administering Vaccines, if Necessary;
3. Collecting Blood Samples;
4. Testing for HIV Infection;
5. Testing for Syphilis;
6. Taking Chest X-Rays;
7. Collecting Sputum Samples, if Necessary; and
8. Microscopy Testing for Tuberculosis (TB).

V. Consular officers should consider three elements in their evaluation of each of the components of the Medical Examination for an Immigrant Visa:

1. Fraud Prevention Measures taken;
2. Reliability and Quality of the various components; and
3. Safety Measures taken while conducting the component, or Education provided to the applicant.

The following methods are the proposed Ideal by the CDC for Fraud Prevention measures by the panel physicians or their staff, the laboratory directors or their staff, or the radiologists or their staff during the medical examination process:

1. Verifying the applicant's identity by comparing the person with an official document that contains the applicant's photograph (such as a passport or official government issued identification card).
2. Verifying the applicant's signature by comparing a sample signature with one from an official document containing their signature.

3. The applicants have 3 recent photographs of themselves, with the likenesses confirmed with official documents containing the applicants' photographs. One photo will be presented at the time of the panel physician contact, and will be attached to the front of the **Medical Examination for Immigrant or Refugee Applicant** (DS-2053). The other two will be separately attached to the requests for blood collection, and for Chest X-ray.

Consular officers at a minimum should collect or verify the following information from the Panel Physician during any visit.

Name of panel physician:

(last) _____ (first) _____

Address:

City: _____

Country: _____

Phone: _____

Fax: _____

E-mail: _____

Current CV: [] at consulate/embassy [] sent to CDC (Fax: 404-639-2599)

1) Fraud Prevention Measures

a) Does the panel physician, or his/her staff, verify the identity of the applicant comparing the applicant with a photograph contained in an official document?

[] Yes [] No

b) Does the panel physician, or his/her staff, verify the signature of the applicant using a sample produced in from of him/her with a signature from an official document containing the applicant's signature?

[] Yes [] No

2) Reliability and Quality Measures

a) Can the panel physician readily show you his/her copy of the *Technical Instructions*? [] Yes

[] No

1. Determining Vaccination History and Administering Vaccines, if Necessary

Consular officers at a minimum should collect or verify the following information from the person(s) determining the vaccine history and administering the vaccines to applicants during any visit.

Name of person responsible of vaccinating the applicants (if different than the panel physician):

(last) _____

(first) _____

Address:

City: _____

Country: _____

Phone: _____

Fax: _____

E-mail: _____

1) Fraud Prevention Measures

a) Does the panel physician, or his/her staff, verify the identity of the applicant comparing the applicant with a photograph contained in an official document?

[] Yes [] No

b) Does the panel physician, or his/her staff, verify the signature of the applicant using a sample produced in from of him/her with a signature from an official document containing the applicant's signature?

[] Yes [] No

c) Are there official personal vaccine records (or cards) used by the government?

[] Yes [] No

d) What vaccine records (or cards) do the panel physician, or his/her staff, accept?

2) Reliability and Quality Measures

a) Are the vaccines kept in a refrigerator onsite? [] Yes

[] No

If yes:

- i) Is food kept in the refrigerator? Yes
 No
- ii) Is there a working thermometer in the refrigerator?
Yes No
- iii) Is there a logbook for recording refrigerator temperatures?
 Yes
 No
(1) If yes, are there entries in the logbook?
Yes No
- iv) Are there more than one power outage a month at the facility?
 Yes
 No
If yes,
(1) Is there a backup generator?
Yes No
(2) Did you see the generator?
Yes No

If vaccines are stored onsite, examine 5 or more randomly identified vaccines (preferably in different boxes or whatever way the site stores the vaccines):

- d) What percentage of vaccines is within expiration date (date is located on side of vial, if examining 5 vials and 1 vial is expired—20% of the vials are expired)?

- 3) Safety Measures taken and Education provided applicants
 - a) Are disposal needles and syringes used? Yes
 No
 - b) Are needles recapped after being used? Yes
 No
 - c) Are the used needles and syringes disposed of in the general trash (or garbage)? Yes No
 - d) Is a copy of the **Vaccination Documentation Worksheet** (DS-3025) given to the applicant?
 Yes No

- e) How many copies of the **Vaccination Documentation Worksheet** (DS-3025) are given to the applicant?

Additional comments on your evaluation of the vaccination component:

2. Collecting Blood Samples

Consular officers at a minimum should collect or verify the following information from the person(s) collecting blood samples from applicants during any visit.

Name of person responsible of blood sampling the applicants (if different from the panel physician or director of the laboratory):

(last) _____

(first) _____

If the **same**, which: **panel physician** **lab director**

Address: _____

City: _____

Country: _____

Phone: _____

Fax: _____

E-mail: _____

1) Fraud Prevention Measures

- a) Does the panel physician, or his/her staff (or lab director or his/her staff), verify the identity of the applicant comparing the applicant with a photograph contained in an official document?

Yes No

- b) Does the panel physician, or his/her staff (or lab director or his/her staff), verify the signature of the applicant using a sample produced in from of him/her with a signature from an official document containing the applicant's signature?

Yes No

- c) Is a code number used only on the blood tube (not the applicant's name)? Yes No

2) Reliability and Quality Measures

- a) Are there dedicated blood drawing stations? Yes No
- b) Who does the blood drawing? panel physician lab director nurse lab technician other, specify:

3) Safety Measures

- a) Are gloves used? Yes No
- b) Are disposal needles used? Yes No
- c) Are needles recapped after being used? Yes No
- d) Are the used needles disposed of in the general trash (or garbage)? Yes No

Additional comments on your evaluation of the blood drawing:

3. Testing for HIV Infection

Consular officers at a minimum should collect or verify the following information from the HIV laboratory for applicants during any visit.

Name of laboratory director:

(last) _____

(first) _____

Address:

City: _____

Country: _____

Phone: _____

Fax: _____

E-mail: _____

1) Fraud Prevention Measures—none requested

2) Reliability and Quality Measures

a) If the 1st test is positive, is a 2nd test done?

Yes No

b) If the 2nd test is positive, is a 3rd test done?

Yes No

c) For the 1st test,

i) What is the name?

ii) What is the brand?

d) For the 2nd test,

i) What is the name?

ii) What is the brand?

e) For the 3rd test,

i) What is the name?

ii) What is the brand?

f) Are any of these tests kept in a refrigerator?

Yes No

If yes:

i) Is food kept in the refrigerator? Yes No

ii) Is there a working thermometer in the refrigerator?

Yes No

iii) Is there a logbook for recording refrigerator temperatures?

Yes No

(1) If yes, are there entries in the logbook?

Yes No

iv) Are there more than one power outage a month at the facility?

[] Yes [] No

If yes,

(1) Is there a backup generator?

[] Yes [] No

(1) Did you see the generator?

[] Yes [] No

Examine 3 or more randomly identified HIV tests for the 1st, 2nd, and 3rd tests, regardless of where they are stored (preferably in different boxes or whatever way the site stores the vaccines):

e) What percentage of 1st tests is within expiration date (date is located on side of box, if examining 3 tests and 1 is expired—33% are expired)?

h) What percentage of 2nd tests is within expiration date (date is located on side of box, if examining 3 tests and 1 is expired—33% are expired)?

i) What percentage of 3rd tests is within expiration date (date is located on side of box, if examining 3 tests and 1 is expired—33% are expired)?

3) Safety Measures

a) Are gloves used? [] Yes [] No

b) Are white laboratory coats used? [] Yes [] No

c) Is laboratory waste disposed of in the general trash (or garbage)? [] Yes [] No

Additional comments on your evaluation of the HIV testing:

4. Testing for Syphilis

Consular officers at a minimum should collect or verify the following information from the syphilis laboratory for applicants during any visit.

Name of laboratory director (if different than the lab director for the HIV testing):

(last) _____

(first) _____

Address:

City: _____

Country: _____

Phone: _____

Fax: _____

E-mail: _____

1) Fraud Prevention Measures—none requested

2) Reliability and Quality Measures

a) If the 1st test is positive, is a 2nd test done?

Yes No

b) If the 2nd test is positive, is a 3rd test done?

Yes No

c) For the 1st test,

i) What is the name?

ii) What is the brand?

d) For the 2nd test,

i) What is the name?

ii) What is the brand?

e) For the 3rd test,

i) What is the

name? _____

ii) What is the brand? _____

f) Are any of these tests kept in a refrigerator?

Yes No

If yes:

i) Is food kept in the refrigerator?

Yes No

ii) Is there a working thermometer in the refrigerator?

Yes No

iii) Is there a logbook for recording refrigerator temperatures?

Yes No

If yes, are there entries in the logbook?

Yes No

iv) Are there more than one power outage a month at the facility?

Yes No

If yes,

(1) Is there a backup generator?

Yes No

(2) Did you see the generator?

Yes No

Examine 3 or more randomly identified syphilis tests for the 1st and 2nd tests (preferably in different boxes or whatever way the site stores the vaccines):

g) What percentage of 1st tests is within expiration date (date is located on side of box, if examining 3 tests and 1 is expired—33% are expired)?

h) What percentage of 2nd tests is within expiration date (date is located on side of box, if examining 3 tests and 1 is expired—33% are expired)?

i) Is the temperature of the room where the syphilis testing is done between 65° and 85° Fahrenheit?

Yes No

3) Safety Measures

- a) Are gloves used? Yes No
- b) Are white laboratory coats used? Yes No
- c) Is laboratory waste disposed of in the general trash (or garbage)? Yes No

Additional comments on your evaluation of the syphilis testing:

5. Taking Chest X-Rays

Consular officers at a minimum should collect or verify the following information from the person(s) taking chest X-rays of applicants during any visit.

Name of radiologist:

(last) _____

(first) _____

Address:

City: _____

Country: _____

Phone: _____

Fax: _____

E-mail: _____

1) Fraud Prevention Measures

a) Does the radiologist, or his/her staff, verify the identity of the applicant comparing the applicant with a photograph contained in an official document?

Yes No

b) Does the radiologist, or his/her staff, verify the signature of the applicant using a sample produced in from of him/her with a

signature from an official document containing the applicant's signature? Yes No

Does the applicant have direct access to the chest X-ray at any time:

a) While he/she is at the radiology facility?
 Yes No

b) After the film is read and before it is taken to the embassy/consulate?

Yes No

Note: Access to film that is first placed in a sealed envelop with a signature written across the flap and then double sealed with tape is not considered direct assess.

Examine 10 or more randomly identified chest X-rays taken of applicants:

c) Is the applicant's name placed on the film in a permanent manner (as a part of the image or inedible ink)?
 Yes No

2) Reliability and Quality Measures

a) Is the X-ray machine under a service contract?
 Yes No

b) If yes, were you shown the last record of the service?
 Yes No

c) What is the make and production country of the X-ray machine?

d) What is the age of the X-ray machine?

e) What is the age of the X-ray tube?

f) Does a machine process the film (it maybe done manually)?
 Yes No

If yes,

i) What is the make and production country of the film-processing machine?

ii) What is the age of the film-processing machine?

g) Is the film used to take chest X-rays of applicants 14in x 17in (35mm x 43mm) or 17in x 17in (43in x 43in)?

Yes No

h)

3) Safety Measures

a) Are lead apron shields available at the radiology facility?

Yes No

b) If yes, who is given a lead shield (check all that apply)?

radiology technicians,

women who look pregnant,

women who say they maybe pregnant,

women of childbearing age.

c) Do the radiology technicians wear radiation badges?

Yes No

Additional comments on your evaluation of the chest X-rays:

6. Collecting Sputum Samples, if Necessary

Consular officers at a minimum should collect or verify the following information from the sputum collection site for applicants during any visit.

Name of laboratory director (if different from the panel physician or director of the HIV laboratory):

(last) _____

(first) _____

If the **same**, which: **panel physician** **lab director**

Address:

City: _____

Country: _____

Phone: _____

Fax: _____

E-mail: _____

1) Fraud Prevention Measures

a) Does the panel physician, or his/her staff (or lab director or his/her staff), verify the identity of the applicant comparing the applicant with a photograph contained in an official document?

Yes No

b) Does the panel physician, or his/her staff (or lab director or his/her staff), verify the signature of the applicant using a sample produced in from of him/her with a signature from an official document containing the applicant's signature?

Yes No

c) Is a code number used only on the sputum cup (not the applicant's name)?

Yes No

2) Reliability and Quality Measures

a) Is the sputum sample collected under direct supervision of staff?

Yes No

b) What time of day is the sputum collected?

- anytime
 in the mornings sometimes
 in the mornings only
 in the afternoons sometimes
 in the afternoons only

c) Is the sputum collected at the panel or lab site?

Yes No

d) Is the sputum collection cup clear?

Yes No

3) Safety Measures

Describe the location where the sputum sample is collected (including details such as if only applicants or staff are around)?

7. Microscopy Testing for Tuberculosis (TB)

Consular officers at a minimum should collect or verify the following information from the TB microscopy laboratory for applicants during any visit.

Name of laboratory director (if different from director of the HIV laboratory):

(last) _____

(first) _____

Address:

City: _____

Country: _____

Phone: _____

Fax: _____

E-mail: _____

- 1) Fraud Prevention Measures—none requested
- 2) Reliability and Quality Measures
 - a) Are new slides used for each specimen? [] Yes [] No
 - b) Examine 10 or more randomly identified microscope slides with specimens:
 - c) What percentage of the slides is labeled with a name or number?

 - d) Are commercial or homemade stains (liquids of blue, purple, or red color) used?
[] commercial stains [] homemade stains
 - e) If commercial stains, are the stains in any bottles with an expired date?
[] Yes [] No
 - f) Are the stains in brown bottles? [] Yes [] No

g) Are the stains stored away from sunlight?

Yes No

h) Is there a logbook with the results of reading the slides?

Yes No

i) Does the microscope light work (have the technician turn the microscope on and show you that the light is sent to a slide)?

Yes No

3) Safety Measures—none requested

Additional comments on your evaluation of the TB microscopy lab:

International Health and Travel

<http://www.cdc.gov/travel>

Health information and recommendations for international travelers, including the following areas:

Disease risks in specific travel destinations
Disease specific information and travel and prevention recommendations
Recommendations for travel with children
Vaccinations
Safe food and water
Outbreaks of concern for the international traveler

Also included in the site:

-Travelers Health Information Hotline: voice: 877-FYI-TRIP, and for requesting information by fax: 888-232-3299

-Electronic copy of the "Yellow Book", ***Health Information for International Travelers*** <http://www.cdc.gov/travel/yb/>)

Tuberculosis

<http://www.cdc.gov/nchstp/tb/faqs/qa.htm>

Information and resource material on tuberculosis infection and disease, including answers to frequently asked questions about tuberculosis.

HIV/AIDS

<http://www.cdc.gov/hiv/pubs/facts.htm>

Information and resource material about HIV/AIDS, including HIV testing, transmission, prevention, and vaccine research.

Vaccinations

<http://www.cdc.gov/nip>

Information and resource material on vaccines, vaccine recommendations, vaccine information statements, vaccine fact sheets, vaccine safety issues, and answers to frequently asked questions about vaccinations.

Included at this website under <http://www.cdc.gov/nip> are several important resources:

Quick Reference Materials

- Immunization Schedules for Adults and Children
- VISs (Vaccine Information Statements)*
- ACIP Statements (Recommendations of the Advisory Committee on Immunization Practices)

* for Vaccine Information Statements translated into other languages, see website at <http://www.immunize.org/vis/>

Publications

-“*Epidemiology and Prevention of Vaccine-Preventable Diseases*” textbook, the “Pink Book”

Important information on overseas vaccination information is contained in the appendices of this book under the following sections:

[Foreign Terms for Vaccines and Vaccine-Preventable Diseases](#)
[Routine Childhood Vaccines \(by Country\)](#)

Leprosy

<http://www.who.int/lep>

Information and resource materials about leprosy: global distribution, epidemiology, diagnosis, treatment and elimination of the disease.