### How to Submit an eMedical Case for Status Adjuster Applicants with a TB Classification

This guide provides step-by-step instructions on how to submit an eMedical case for status adjuster applicants with a TB classification. It includes tips and alerts, as well as information on entering client details, creating a case, adding personal and contact information, completing the medical exam, recording TB screening results, and uploading necessary attachments. Following this guide will help ensure a smooth and efficient submission process.



Alert! Mistakes happen. Once you submit a health cases, changes cannot be made. Please be mindful when performing data entry.

<b>1</b> Login to eMedica	al. Enter your cr	edentials.	
	Logon User id Password	*Required 2	Forgotten User ID?       ?         Forgotten Password?       ?
			Logon
56.5.62:12-01b			

2 Click "Using Client Details"
eMedical Support Contact us
Using Health Case Identifier Ousing Client Details
* Select an Option  * Required

# **3** Enter all applicant details ( **ID #, Family Name, Given Name, Date of Birth, Applicant Category** ).

ase search	
Search	O Using Health Case Identifier
Jsing Client Details	
dontitu documont numbor	Restrict Search to my Clinic's cases
amily accument number	Required
Siven name(s)	
Date of birth	· · · · · · · · · · · · · · · · · · ·
Applicant category	* Select an Option ✓
et as my default screen	

**Tip!** The **Identity Document Number** can be a passport number, driver's license, or other forms of identification that is presented by the applicant. An alien number or USCIS account number is not required.

4	4 Ensure all data is correct and "Status Adjuster" is selected for Applicant Category.						
	O Using Health Case Identifier						
er	Restrict Search to my Clinic's cases          333344455         TestStatusAdjusterFirst         TestStatusAdjusterLast         01 Jan 1988         Status Adjuster						
DICAL UPDA	ITE WITHOUT AN OUTAGE:						

red to eMedical as per the schedule below:

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1 November 2023 from 0500 hours to 0800 hours (Australian Eastern Daylight Time)

outage, however, during this time, some users may experience system slowness and may need to login again to continue with their work. Therefore, please regularly save your work during this

Click <b>"Search"</b>	
antifier Using Client Details	
Clinic's cases	
	Reset
	0
aylight Time)	

Alert! eMedical will search the system for the applicant before displaying the "create case" button. An error message is expected.

#### 6 The error message is expected. Click "Create case"

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ase search		
An error has occurred		
Your search returned no results. Change your sea	arch parameters and try again.	
Search	O Using Health Case Identifier	
Jsing Client Details		
dentity document number	* 333344455	
Family name	* TestStatusAdjusterFirst	
Given name(s)	TestStatusAdjusterLast	
Date of birth	01 Jan 1988 🛗	
Applicant category	* Status Adjuster 🗸	
et as my default screen		
		Create case Reset Search

7 Enter the Applicant's personal details, Identity document details, and Other identifiers, if applicable.

ox Case search Adminis	tration • eMedical Support Contact us				
ate case					0
pplicant personal details			Identity document details		
amily name liven name(s) ex late of birth sountry of Birth ity of Birth rior Country of Residence sountry of Nationality	TestStatusAdjusterFirst TestStatusAdjusterLast Select an Option ✓ Select an Option Select an Option	•	Identity document presented Number//D Issuing country Date of issue Date of expiry	Select an Option     Salact an Option     mm/dd/yyyy     mm/dd/yyyy	<b>9</b> ~
pplicant category					
pplicant category	Status A	Adjuster			



Tip! Only fields marked with an asterisk are required. An alien number or USCIS account number is not required.

Date of issue	mm/dd/yyyy	
Date of expiry	mm/dd/yyyy	

Alert! Save the Health Case P# below to reference the case when its in progress or after submission.

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Tip! You will need to add the applicants phone number and home address before ou begin.

**10** Click the **green plus sign** to add the applicant's phone /mobile number & home address.

ealth Case: P003402692	Pre exam: Health case detai				
		ls			
					3
PHOTO	Applicant personal of	details	Applicant identity details		G
ATTACHED	Family name	TESTLASTNAME	Identity document presented	Original Passport	
	Given name(s)	TESTFIRSTNAME	Identity Document Number	112345678	
	Sex	FEMALE	Issuing country		
	Date of birth	02 Feb 2019	Date of issue		
TESTLASTNAME, TESTFIRSTNAME FEMALE, 02 Feb 2019	Country of birth	ANGOLA	Date of expiry		
	Update Bio-data		Source	Clinic	
Pre exam 🔗	City of birth	TEST			
lealth case details 🛛 😵	Prior Country of Residence	ANTARCTICA			
anage Photo	Country of Nationality	Select an Option			
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● 513 Selective History and TB ⊖					( 6
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COMPLETE Pro ovom	E-mail (Business)	TEST@GMAIL.COM		Yes	. /
Fie exam	Address (Home)	1234 tEST, INDIANAPO	DLIS. Indiana. 46268. UNITED STATES	No	- /
	Phone (Home)	+ 1 (317) 3836668		Yes	. /
CURRENT Exam in Progress					
	Paperwork Reduction	on Act statement			
+	Public reporting burden for thi	s collection of information is estimated to a	average 60 minutes per response, including time required for searching existing	ng data sources, gathering the	necessary documentation, providin
NEXT Submitted	the information and/or docume the accuracy of this burden es	ents required, and reviewing the final colle stimate and/or recommendations for reduc	ction. You do not have to supply this information unless this collection display ing it, please send them to: PRA_BurdenComments@state.gov	s a currently valid OMB control	number. If you have comments on
	Confidentiality state	ment			
	INA Section 222(f) provides #	at vise issuance and refusal records shall	he considered confidential and shall be used only for the formulation amond	ment administration or onform	ement of the immigrant nationality
	and other laws of the United S	States. The U.S. Department of State uses	the information provided on this form primarily to determine an individual's el	igibility for a U.S. visa. Certifier	d copies of visa records may be
	made available to a court whice enforcement, counter terrorism laws. Although furnishing this	ch certifies that the information contained i n and homeland security purposes; to Cor information is voluntary, individuals who for	n such records is needed in a case pending before the court. The information gress and courts within their sphere of jurisdiction; and to other federal agen- it is submit this form or who do not norwide all the requested information may	provided may also be released cles who may need the informa be denied a LLS visa or cause	J to federal agencies for law ition to administer or enforce U.S.
	iawa. Alaloogii tamaning ana	information is voluntary, individuals who re	Print health case Print tracking sheet	Remove case from inbox	dit case Print Information Sheet

## 11 Click the "Channel type" drop down

Medical Support Conta					
Pre exam: Health					
Applicant pe	Add/Edit Contact channe Channel type	* Select an Option		+ ×	
Family name Given name(s) Sex Date of birth	Primary contact Comments	© Yes ○ No	1		Original Pa 333344455 GEORGIA
Country of birth Update Bio-data			Can	cel Save	Clinic
City of birth Prior Country of R Country of Nationa	* TEST tesidence * DOMINICA ality * CONGO, DE		~		
Applicant vis	sa details <sub>y</sub>	Status Adjuster			

# 12 Select "Address (Home)"

1					
ion 👻 eMe		Add/Edit Contact channel			+ ×
		Channel type	* Address (Home)		
		Country	* Select an Option	~	
	Applicant pe Family name	Address	* Required		tails
		Suburb/Town			
-20 4)		State/Territory/Province Post/Zip code	* Required		
0		Primary contact Comments	● Yes ○ No		
0				Car	ncel Save
	Applicant Categor		e acces a segueres		×

## **13** Enter all **Address (Home)** details.

#### Click "Save"

				Curty details My account Logout Ms Eryn PULLIAM-CANNON ARMS TX US English
Administration - e	Medical Support Conte Add/Edit Contact channel		+ ×	
	Pre exam: Health Channel type	* Address (Home) 🗸		
	Country	* UNITED STATES	~	0
	Applicant pe Family name Given name(s)	• 123 Home		0
	Sex Date of birth Suburb/Town	* Atlanta		
	Country of birth State/Territory/Province	* Georgia 🗸 🗸		
	Update Bio-data Post/Zip code	* 30309		
0 0	City of birth Primary contact Prior Country of R Country of Nation	© Yes ○ No		
	Applicant vis Applicant Category		Cancel Save	0
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				Edit
Pre exam , m in Progress				pring the necessary plays a currently valid OMB afe gov

# **14** Click the green plus sign to add Phone(Home) or Phone(Mobile) number.

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Health Case: P003402692	Pre exam: Health case deta						
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(PHOTO)	Applicant personal	details	2 Applic	ant identity details			0
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VITACHED	Given name(s)	TESTFIRSTNAM	Identity D	ocument Number	112345678		
	Sex	FEMALE	Issuing co	untry			
	Date of birth	02 Feb 2019	Date of is	sue			
TESTLASTNAME, TESTFIRSTNAME	Country of birth	ANGOLA	Date of e	piry			
FEMALE, 02 Feb 2019	Update Bio-data		Source		Clinic		
Pre exam	City of birth	TEST					
Health case details	Prior Country of Residence	ANTARCTICA					
Manage Photo	Country of Nationality	Select an Option					
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● 513 Selective History and TB							( _
Health Case Status	Delete Contact channel		Contact details		Primary	Comment	s Edit
	T Address (Intende	d)	123 TEST, INDIANA, ARGENTINA		Yes	-	1
COMPLETE Pre exam	E-mail (Business)	)	TEST@GMAIL.COM		Yes		1
	Address (Home)		1234 tEST, INDIANAPOLIS, Indiana, 46268, UNITED STATES		No	1	1
+	Phone (Home)		+ 1 (317) 3836668		Yes	-	1
CURRENT Exam in Progress	Bananwark Baduati	on Act states	uppt				
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NEXT Submitted	the information and/or docum the accuracy of this burden e	nents required, and r estimate and/or record	mation is estimated to average 60 minutes per response, including tim reviewing the final collection. You do not have to supply this informatio mmendations for reducing it, please send them to: PRA. BurdenComr	e required for searching exis n unless this collection displi tents@state.gov	ays a currently valid OMB cont	rol number. If yo	u have comments on
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	INA Section 222(f) provides t	hat visa issuance ar	nd refusal records shall be considered confidential and shall be used o	nly for the formulation, amer	ndment, administration, or enfo	prcement of the i	mmigrant, nationality.
	and other laws of the United	States. The U.S. De	partment of State uses the information provided on this form primarily	to determine an individual's	eligibility for a U.S. visa. Certifi	led copies of vis-	a records may be
	enforcement, counter terroris	ich certilies that the	information contained in such records is needed in a case pending be curity purposes; to Congress and courts within their sphere of jurisdic	ion; and to other federal age	In provided may also be released the inform	mation to admini	ster or enforce U.S.
	laws. Although furnishing this	information is volur	tary, individuals who fail to submit this form or who do not provide all	he requested information ma	ay be denied a U.S. visa or cau	use processing d	lelays.
			Print health	case Print tracking sheet	Remove case from inbox	Edit case Pr	rint Information Sheet

# **15** Select **Phone(Home) or Phone(Mobile)** in "Channel type".

Enter all details.

Click "Save"

nistration -		
	Add/Edit Contact channe	el <b>+ x</b>
	Channel type  Applicant pe Family name Given name(s) Sex Date of birth Comments	* Phone (Home) Country * Area * Number * Code Require Require Require Required © Yes No
eirsst, O O O O	Country of birth Update Bio-data City of birth Prior Country of Residence DominicA Country of Nationality * CONGO, DE Applicant Visa details Applicant Category	Cancel Save Cancel Save EM REPUBLIC

### **16** Once Address, Email and Phone Number have been entered, Click **"Next"**

	Applicant personal	details		Applicant id	dentity details			
	Family name	TESTLASTNA	ME	Identity document	nt presented	Original Passport		
	Given name(s)	TESTFIRSTN	AME	Identity Docume	nt Number	112345678		
	Sex	FEMALE		Issuing country				
	Date of birth	02 Feb 2019		Date of issue				
TNAME	Country of birth	ANGOLA		Date of expiry				
	Update Bio-data			Source		Clinic		
•	City of birth	TEST						
•	Prior Country of Residence	ANTARCTICA						
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	Delete Contact channe	el	Contact details			Primary	Comm	ents Edit
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	E-mail (Business	5)	TEST@GMAIL.COM			Yes		1
	Address (Home)		1234 tEST, INDIANAPOLIS, Indiana, 46	268, UNITED STATES		No	020	1
	Phone (Home)		+ 1 (317) 3836668			Yes		1
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	Confidentiality state	ement						
	INA Section 222(f) provides I and other laws of the United made available to a court wh enforcement, counter terroris laws. Although furnishing this	that visa issuance I States. The U.S. I hich certifies that th sm and homeland is information is vol	and refusal records shall be considered c Department of State uses the information e information contained in such records is security purposes; to Congress and courts untary, individuals who fail to submit this 1	onfidential and shall be used only for provided on this form primarily to det needed in a case pending before th s within their sphere of jurisdiction; ar orm or who do not provide all the req	the formulation, amen ermine an individual's « e court. The informatio Id to other federal age uested information ma	dment, administration, or enf eligibility for a U.S. visa. Certi on provided may also be relea ncies who may need the info uy be denied a U.S. visa or ca	provident of the field copies of sed to federal mation to address of use procession of the field of the f	he immigrant, nationality, f visa records may be al agencies for law minister or enforce U.S. ng delays.
				Print health case	Print tracking sheet	Remove case from inbox	Edit case	Print Information Shee



ministration -	Pre exam: Manage Photo		
ERFIRST, it	Please take and attach a photo of the applicant.	Choose Files No file chosen	0
•	Reason Provide details	Attach photo override  Attach photo override	
0			
	Back Close Save		Next
al Exam			
xam			

### Verify an "Identity document provided" is provided by the applicant

#### Click "Next"

lealth Case: P002855	5397	Pre exam: Confirm identity					
TESTSTATUSADJUS TestStatusAdjusterL MALE, 01 Jan 1988	STERFIRST, ast	Applicant personal Family name Given name(s) Sex Date of birth Country of birth Update Bio-data City of birth Pror Country of Residence	details TESTSTATUSADJUSTERI TeStStatusAdjusterLast MALE 01 Jan 1988 MOZAMBIQUE TEST DOMINICA	FIRST	Applicant identity details Identity document presented Identity Document Number Issuing country Date of issue Date of expiry Source	Original Passport 333344455 GEORGIA Clinic	0
Pre exam Health case details	•	Country of Nationality	CONGO, DEM REPUBLIC				
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Confirm identity	θ	Applicant Category		Status Adjuster			•
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CURRENT	reexam						
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## **19** Verify all identity information.

#### Verify there are no identity concerns.

		Applicant personal	details		<ul> <li>Applicant identity details</li> </ul>		
		Family name	TESTSTATUSADJUSTERF	IRST	Identity document presented	Original Passport	
		Given name(s)	TestStatusAdjusterLast		Identity Document Number	333344455	
		Sex	MALE		Issuing country	GEORGIA	
		Date of birth	01 Jan 1988		Date of issue		
		Country of birth	MOZAMBIQUE		Date of expiry		
JSTERFIRST,		Update Bio-data			Source	Clinic	
		City of birth	TEST				
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	0	Country of Nationality	CONGO, DEM REPUBLIC				
	•	Applicant visa deta	ails				
	•	Applicant Category		Status Adjuster			
1		Record identity					
		Identity document provided		*O Not selected O Yes O No			
edical Exam	0	Issuing country		GEORGIA	~		
	- 12 - E	Identity document presented	i i	* Original Passport	~ <b>0</b>		
5		Passport number		* 333344455			
		Date of issue		mm/dd/yyyy			
Pre exam		Date of expiry		mm/dd/yyyy			
		Do you have identity concern	ns?	* Not selected O Yes O No 3			
m in Progress		Attachments					
							Add New 🕜
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	Cition namo(c)	TestStatusAdjustorLast	10.01		dentity document presented	Unginal Fassport	
	Sex	MALE		l	ssuing country	GEORGIA	
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REIRST	Country of birth	MOZAMBIQUE		C	Date of expiry		
t	Update Bio-data			9	Source	Clinic	
	City of birth	TEST					
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al Exam	Identity document presented		GEORGIA		~		
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<b>B</b> Medical			Mis Eryn PULL Bob Worley's C US Eng
inbox Case search eMedical Support Con Health Case: P003402692	act us All Exams: All exams summary		
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	Examicode	Disard the results of limited medical bistory and Tuberovissis desumentation	
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TESTLASTNAME, TESTFIRSTNAME FEMALE 02 Feb 2019	incessori requested	Required under policy	
LINNEL, OLI OD LOID	Exam date		
• Pre exam	Exam status	Incomplete	
Health case details			View exam
Manage Photo			
Confirm identity			
All Exams	Back Close		
All exams summary			
<ul> <li>Current exams</li> </ul>			
● 513 Selective History and TB			
Health Case Status			
Health Case Status			
COMPLETE Pre exam			
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Terms & Conditions 59.2.58:12-01			

Alert! Medical exam details are not required for data entry. Civil Surgeons can begin at the **TB Screening** section. Not all required Form I-693 fields are in eMedical. Civil Surgeons are only required to enter available fields at the time of data entry.

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## 23 Enter **TB Screening** Fields

Nose, mouth and throat (including dental)	● Not selected ○ Normal ○ Abnormal
Eyes	● Not selected ○ Normal ○ Abnormal
Heart (S1, S2, murmur, rub)	● Not selected ○ Normal ○ Abnormal
Lungs (auscultation)	Not selected      Normal      Abnormal
Abdomen (including liver, spleen)	Not selected O Normal O Abnormal
Extremities (including pulses, edema)	Not selected O Normal O Abnormal
Nervous system: Sequelae of stroke or cerebral palsy, other neurological disabilities	Not selected      Normal      Abnormal
Exposed Skin	Not selected      Normal      Abnormal
Mental status (including mood, intelligence, perception, thought processes and behavior during examination)	Not selected      Normal      Abnormal
TB Screening	
Type of exam conducted *	🕐 Not selec <mark>ted 🔍 Inte</mark> rferon Gamma Release Assay (IGRA) 🔿 Not administered (IGRA exception; please
Type of IGRA test *	Select an Option 🗸
Exam date (date drawn/applied)	09 Jul 2024
Result *	● Not selected ○ Negative ○ Indeterminate, Borderline, or Equivocal ○ Positive
CXR	
Chest X-Ray Determination *	$lacksquare$ Not selected $\bigcirc$ Chest x-ray not required (medically cleared for TB) $\bigcirc$ Required
Sputum smear and Sputum Culture Results	S
Sputum Smears and Cultures Decision *	Not selected      Not indicated      Indicated
Demeric	

Type of IGRA test	* Select an Option
Exam date (date drawn/applied)	09.Jul 2024
Result	Not selected     N
CXR	
Chest X-Ray Determination	* O Not selected O Chest x-ray not required (medically cleared for TB)   Required
Chest X-ray required due to:	
	Initial screening results
	TB signs or symptoms, or due to immunosuppression (such as HIV)
	□ IGRA exception (Clearly specify the IGRA exception in the Remarks section below)
Date Chest x-ray read	* 09 Jul 2024
Findings	*  Not selected  Normal  Abnormal findings suggestive of TB that require smears and cultures
Sputum smear and Sputum Cu	ture Results
Sputum Smears and Cultures Decision	*   ● Not selected  ○ Not indicated  ○ Indicated
TB Classification / Findings	
	□ No Class A or Class B TB
	Class A Tuberculosis disease
	B0 TB, Pulmonary
	B1 TB, Pulmonary
	B1 TB, Extrapulmonary
	B2 TB, LTBI Evaluation
	Class B, Other Chest Condition (Non-TB)
Remarks	
General supporting comments	





Date specimen obtained	Date results reported	Result
		Select an Option 🗸
	<b>m</b>	Select an Option 🗸
		Select an Option 、
Sputum Culture Results		
Date specimen obtained	Date results reported	Result
	<b>*</b>	Select an Option 🗸
<b>m</b>	<b>m</b>	Select an Option
	<b>(11)</b>	Select an Option
TB Classification / Findings		
To Olassinoation / Findings		
	No Class A or Class B TB	
	Class A Tuberculosis disease	
	B0 TB, Pulmonary	
	B1 TB, Pulmonary	
	B1 TB, Extrapulmonary	
	B2 TB, LTBI Evaluation	
	Class B, Other Chest Condition (Non-TB)	
Remarks		
General supporting comments		
Attachments		
Use an existing attachment		

27 Click " Add New under Attachments " to add required / available documents Form I-693, Chest X-Ray, IGRA Report

		Select an Option ++	
		Select an Option V	
		Select an Option V	
Sputum Culture Results			
Date specimen obtained	Date results reported	Result	
<b>#</b>	<b>(</b>	Select an Option 🗸	
		Select an Option 🗸	
	<b>(11)</b>	Select an Option 🗸	
TB Classification / Findings			
TD Classification / Findings			
	No Class A or Class B TB		
	Class A Tuberculosis disease		
	B0 TB, Pulmonary		
	B1 TB, Pulmonary		
	B1 TB, Extrapulmonary		
	B2 TB, LTBI Evaluation		
1 m m m m	Class B, Other Chest Condition (Non-TB)		
Remarks			
Conoral supporting comments			
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			,
Attachments			
Use an existing attachment			Add New
No documents have been attached			
Delete Document Type	Details Attachment type	Sending method File name	Edit
Back Close Save			Submit Exam

#### 28

#### Use the **Add New Attachment** window to upload documents

10/02/2023 📋		10/05/2023	
10/03/2023		10/06/2023	
10/04/2023		10/07/2023	
	Add New Attachment	+ :	
	Attachment type:	* Uploaded V	
	Document type:		~
	Browse:	* Choose Files No file chosen	
	Details		
	Dotano		11
	O Also attach to o	ther exam(s)	
		Cancel Save	

View the Add/Edit Attachment Type Screen

		Chest x-ray suggestive of TB		
		Known HIV infection or Extrapule		
n Smear Results				
ecimen obtained				Result
<u>60</u>				Select a
		1		Select a
				Select a
r Culture Results	Add/Edit Attachme	ıt	+ ×	
ecimen obtained	Attachment type:	* Uploaded V		Result
	Document type:	*		Select a
	Browse:	* Choose Files No file chosen		Select a
	Details			Select a
assification / Finding	Dotano		11	
	O Also attach to	other exam(s)		
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	1	D4 TB, Eutropulmonoou		

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### Click Document Type drop down

	Chest x-ray suggestive of TB	
Smear Results		
Cimen obtained	Date results reported	Result Select an Option ↓ Select an Option ↓ Select an Option ↓
Culture Results Cimen obtained Common obtained	Uploaded V I-693 Choose Files No file chosen	Result Select an Option ↓ Select an Option ↓ Select an Option ↓
	Cancel Save Cancel Save B1 TB, Extrapulmonary B2 TB, LTBI Evaluation Class B. Other Check Condition (Non, TB)	

Tip! Repeat the previous steps to add all required and available attachments.

<b>31</b> Ve	erify all informatior	n on the form is correct. On	ce reviewed, click	"Submit Exam "
	IUTIALY			
B1 TB, Extra	apulmonary			
	Evaluation			
Class B, Oth	ner Chest Condition (Non-TB)			
				- 11
				Add New 3
ļ	Attachment type	Sending method	File name	Edit
				Submit Exam

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Tip! Once you click "Submit Exam" you have completed the process.