



CDC's Division of Global Migration and Quarantine

What's to Come: Tuberculosis Reporting Process through eMedical

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Purpose of Presentation

The purpose of this webinar is to inform civil surgeons on upcoming required procedures regarding documenting and submitting all tuberculosis classifications through eMedical beginning **November 1, 2023**.



Agenda



1 Data /Flow & the eMedical

2 CDC Technical Instructions

3 Adjustment of Status Program Reminders

4 USCIS Form I-693 Fields

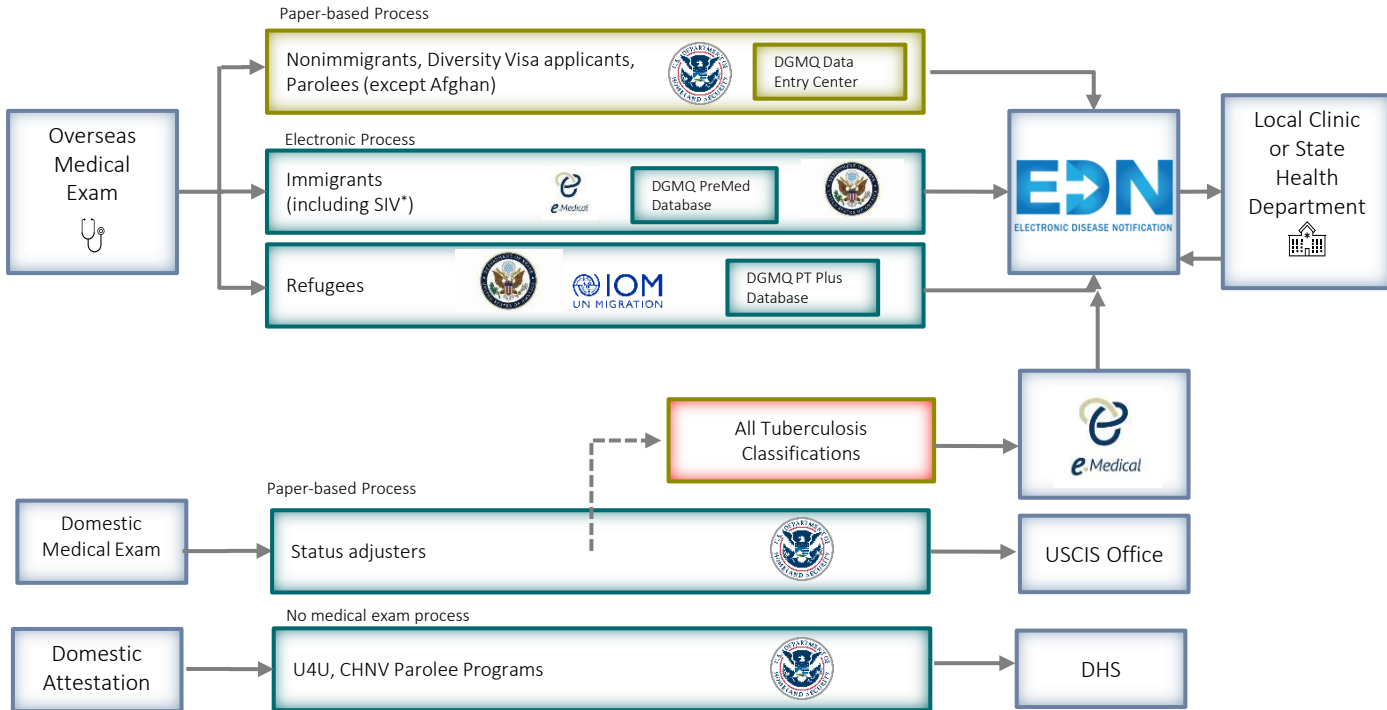
5 eMedical Upfront & Demo

6 eMedical Resources & Support

7 Feedback Survey









Medical Exam Data Transfer



*Special Immigrant Visa

What is eMedical?

	Web-based electronic processing system for immigration medical examinations
	Developed by the Australian Department of Home Affairs
	Used by Australia, Canada, New Zealand and US governments
	Used by over 750 panel physicians in 377 clinics in 160+ countries <i>Panel physicians who perform required medicals for multiple countries can use a single system</i>
	Overseas medical data transmitted electronically from eMedical to CDC staging database, and then to EDN
	Used only for immigration visa applicants, excluding Diversity type immigrant visa applicants

Benefits of eMedical

- ❖ Improved data quality (i.e., align business rules with CDC's Technical Instructions)
- ❖ Improve timeliness of notifications to health departments (i.e., from 2 weeks to 2 days)
- ❖ Improve follow-up of persons with admissible tuberculosis condition classification
- ❖ Reduce lost/illegible paper forms
- ❖ Reduce risk of fraud
- ❖ EDN interoperability
- ❖ USCIS and civil surgeon partners can access medical examination records

CDC Technical Instructions & eMedical

- ❖ The technical instructions are in accordance with CDC regulations and are for the use of civil surgeons evaluating persons applying for adjustment of status for US permanent residence and other persons required to have a medical examination.
- ❖ With the implementation of eMedical, the civil surgeon Technical Instructions for Tuberculosis will be updated to instruct civil surgeons to enter records from applicants with a tuberculosis classification into the eMedical system.

TB Classification Required for Reporting:

Class A TB

Class B0, Pulmonary TB

Class B1, Pulmonary TB

Class B1, Extrapulmonary TB

Class B2 TB, Latent TB Infection

Class B, Other Chest Condition (non-TB)





Adjustment of Status Program Reminders

- ❖ eMedical data entry does not replace or change tuberculosis technical exam instructions for civil surgeons.
- ❖ Civil surgeons are still required to follow specific identification and form I-693 submission (sealed envelope) USCIS procedures.
- ❖ Civil surgeons are still required to report all tuberculosis classifications promptly to the health department of jurisdiction.
- ❖ Applicant eligibility is still determined by the DHS officer after reviewing all records, including the report of the medical examination.



USCIS Form I-693 Fields

INSERT TEXT HERE



USCIS I-693 Required Fields



Report of Immigration Medical Examination
and Vaccination Record
Department of Homeland Security
U. S. Citizenship and Immigration Services

USCIS
Form I-693
OMB No. 1615-0033
Expires 03/31/2025

▶ **START HERE** - Type or print in black ink.

Part 1. Information About You (To be completed by the person requesting a medical examination, NOT the civil surgeon.)

1. Your Full Legal Name (Do not provide a nickname)

Family Name (Last Name) Given Name (First Name) Middle Name (if applicable)

2. Current Physical Address (USPS ZIP Code Lookup)

In Care Of Name (if any)
Street Number and Name Apt. Ste. Flr. Number
City or Town State ZIP Code
Province Postal Code Country

3. Other Information

A. Gender Male Female
B. Date of Birth (mm/dd/yyyy)
C. City/Town/Village of Birth
D. Country of Birth
E. Alien Registration Number (A-Number) (if any)
▶ A-
F. USCIS Online Account Number (if any)
▶

Part 2. Applicant's Statement, Contact Information, Certification, and Signature

Applicant's Contact Information

Provide your daytime telephone number, mobile telephone number (if any), and email address (if any).

1. Applicant's Daytime Telephone Number
2. Applicant's Mobile Telephone Number (if any)
3. Applicant's Email Address (if any)

Required Demographic Fields:

- First & Last Name
- Current Address
- Gender
- Date of Birth
- City of Birth
- Country of Birth
- Telephone Numbers (2)
- Email Address
- ID Numbers (if any)



USCIS I-693 Required Fields

Required Civil Surgeon Fields:

- Date of First Examination
- Civil Surgeon First/Last Name
- Clinic Information

Part 6. Summary of Medical Examination (To be completed by the civil surgeon)

1. Summary of Overall Findings:

- A. No Class A or Class B Condition
B. Class B Conditions (See Item Numbers 1. - 4. in Part 8. Civil Surgeon Worksheet)
C. Class A Conditions (See Item Numbers 1. - 3. in Part 8. Civil Surgeon Worksheet)

2. Date of First Examination (Date applicant signed in Part 2.)

(mm/dd/yyyy)

3. Dates of Follow-up Examinations, if required:

Date of Examination (mm/dd/yyyy) Date of Examination (mm/dd/yyyy) Date of Examination (mm/dd/yyyy)

Part 7. Civil Surgeon's Contact Information, Certification, and Signature

NOTE: Do not sign Form I-693 until all health-related follow-up requirements are met.

Civil Surgeon's Information

1. Family Name (Last Name) Given Name (First Name) Middle Name (if applicable)

Civil Surgeon Identification Number (CSID) (unless performing the examination under a health department or military blanket designation)

2. Name of Medical Practice, Facility, or Health Department

Physical Address

3. Street Number and Name Apt. Ste. Flr. Number
City or Town State ZIP Code

Mailing Address

4. Street Number and Name (PO Box) Apt. Ste. Flr. Number (if applicable)
City or Town State ZIP Code

Contact Information

5. Daytime Telephone Number 6. Mobile Telephone Number (if any)
7. Email Address (if any)





USCIS I-693 Required Fields

Part 8. Civil Surgeon Worksheet

(To be completed by the civil surgeon, according to the *Technical Instructions for Civil Surgeons* at <https://www.cdc.gov/immigrantrefugeehealth/civil-surgeons/tuberculosis.html>)

1. Communicable Disease of Public Health Significance

A. **Tuberculosis (TB).** An initial screening test, an interferon gamma release assay (IGRA), is required for all applicants 2 years of age and older; for children under 2 years of age, see the *Technical Instructions for Civil Surgeons*. The civil surgeon will perform further evaluation if needed (chest X-ray).

(1) **Interferon Gamma Release Assay** (for acceptable IGRAs, consult the *Technical Instructions for Civil Surgeons* and any updates posted on the CDC's website):

Not Administered (IGRA exception; please explain in Remarks section below)

Select only one box:

QuantFERON

Date Blood Sample Drawn (mm/dd/yyyy)

T-Spot

Date Blood Sample Drawn (mm/dd/yyyy)

Result: Negative (no chest X-ray required)

Positive (chest X-ray required)

Indeterminate (including borderline/equivocal) (no chest X-ray required)

(2) **Initial Screening Test Result and Chest X-Ray Determinations:**

Chest X-ray not required (medically cleared for TB).

Chest X-ray required due to initial screening test results.

Chest X-ray required due to TB signs or symptoms, or due to immunosuppression (such as HIV).

Chest X-ray required due to IGRA exception (Clearly specify the IGRA exception in the Remarks section below).

Sputum Smears and Culture Results:

(3) **Chest X-Ray:** Required based on IGRA result, or if specific IGRA exceptions apply, or for an applicant with TB signs or symptoms or immunosuppression (such as HIV).

Date Chest X-Ray Taken (mm/dd/yyyy)

Date Chest X-Ray Read (mm/dd/yyyy)

Result: Normal

Abnormal findings suggestive of TB that require smears and cultures:

Infiltrate or consolidation

Military findings

Reticular markings suggestive of fibrosis

Discrete linear opacity

Cavitary lesion

Discrete nodule(s) without calcification

Nodule(s) or mass with poorly defined margins (such as tuberculoma)

Volume loss or retraction

Pleural effusion

Irregular thick pleural reaction

Hilar/mediastinal adenopathy

Other (further describe in Remarks section below)

Required Medical Fields:

- Interferon Gamma Release Assay (IGRA)
- Chest X-Ray Results
- Chest X-Ray Determination*
- Sputum Smears Results*
- Culture Results



* Not an eMedical Field



USCIS I-693 Required Fields

Part 8. Civil Surgeon Worksheet (continued)

(4) Sputum Smears and Cultures Decision

- No, not indicated. Yes, indicated due to known HIV infection or extrapulmonary TB.
 Yes, indicated due to signs or symptoms of TB.
 Yes, indicated due to chest X-ray suggestive of TB. Yes, indicated for end of treatment cultures.

(5) Sputum Smears and Cultures Results

Sputum Smear Results				
Date Specimen Obtained (mm/dd/yyyy)	Date Smear Result Reported (mm/dd/yyyy)	Positive	Negative	
1.				
2.				
3.				

Sputum Culture Results					
Date Specimen Obtained (mm/dd/yyyy)	Date Culture Result Reported (mm/dd/yyyy)	Positive	Negative	NTM	Contaminated
1.					
2.					
3.					

(6) TB Classification/Findings (Select only if chest X-ray was performed.)

- No Class A or Class B TB Class B1 Extrapulmonary TB
 Class A Pulmonary TB Disease Class B2 TB, Latent TB Infection
 Class B0 Pulmonary TB Class B, Other Chest Condition (non-TB)
 Class B1 Pulmonary TB

(7) Remarks: (Include any signs or symptoms of TB, additional tests and therapy given, with start and stop dates and any changes. If you did not perform IGRA, give the reason why an exception applies.)

B. Syphilis

(1) Serologic Test for Syphilis (Required for applicants 18 to 44 years of age - see CDC's *Syphilis Technical Instructions for Civil Surgeons* at <https://www.cdc.gov/immigrantrefugeehealth/civil-surgeons/syphilis.html> for current required testing age range). All tests must be performed on the same blood sample.

- (a) Name of Nontreponemal Test:
- (b) Date Nontreponemal Test Collected (mm/dd/yyyy)
- (c) Nontreponemal Test Nonreactive Date Reported (mm/dd/yyyy)
- Screening Reactive, Titer 1:

Required Medical Fields:

- Sputum Smears & Culture Decisions*
- TB Classification Findings
- Upload Completed I-693 Form
- Upload Chest X-Ray (if available)
- Remarks

* Not an eMedical Field





eMedical Workflow

eMedical “Upfront”

INSERT TEXT HERE

eMedical “Upfront” Functionality

“Upfront” is an enhancement to the eMedical system. It allows eMedical to generate unique identifiers and Health cases for the purpose of collecting medical and demographic information.

What information is collected through “Upfront”?

eMedical “Upfront” collects medical and demographic information including:

- Applicant personal details
- Auto-generated unique identifier
- Medical exam information
- Tuberculosis screening results
- Radiology / chest x-ray exam information

Requirements for “Upfront” Data Entry

Civil surgeons will need the following to start data entry:

- ❖ eMedical login credentials
- ❖ Exam materials
 - ❖ Completed Form I-693
 - ❖ Copy of Chest X-Ray if available





eMedical Workflow **Account Activation**

INSERT TEXT HERE



Account Activation

Required Medical Fields:

- First Name
- Last Name
- Date of Birth (MM/DD/YYYY)
- Unique Email Address



If you provided a generic clinic email, provided inaccurate information or need to change the information you did provide at registration, please email us at qapcivilsurgeons@cdc.gov.



Account Activation

- ❖ Each civil surgeon will receive an email at the address provided on the webinar registration form
- ❖ The email will contain activation instructions
- ❖ Check spam or junk folder

From: eMedical <noreply@homeaffairs.gov.au>

Sent: Monday, 11 September 2023 4:00 PM

To: <Civil Surgeon's email address>

Subject: eMedical Account activation [SEC=OFFICIAL:Sensitive, ACCESS=Personal-Privacy]


You have been given access to eMedical which is used to process health examinations for immigration purposes. Please click on this [link](#) to activate the account and access eMedical



Account Activation

❖ eMedical Account Activation Page

English [Français](#) [US English](#)


 eMedical

eMedical account activation

eMedical account activation ?

User details

Name

Date of Birth * 

Create password


Please enter your password and re-enter it to confirm it below.

New password * ?


Re-enter password *

Secret Questions

The secret questions you define here will be used to reset your password and perform other account management functions. They may also be used to identify you when you speak to eMedical support by phone.

Question 1 * 

Answer 1 *

Question 2 * 

Answer 2 *



Account Activation

❖ eMedical Account Credentials

From: eMedical <noreply@homeaffairs.gov.au>

Sent: Monday, 11 September 2023 4:00 PM

To: <Civil Surgeon's email address>

Subject: eMedical Account activation [SEC=OFFICIAL:Sensitive, ACCESS=Personal-Privacy]

Your eMedical User ID is e22068. Please remember this. Do not write it down or share with anybody.

eMedical may be accessed through <https://e6-emedical-web.immi.gov.au/eMedUI/eMedical>

If your role is "Doctor" and/or "Radiologist" you need to contact the country(s) responsible for your panel membership. You will then need to wait until your empanelment is approved by the relevant country(s) in order to be able to grade and submit cases for the relevant country(s) in eMedical.



Account Activation

❖ eMedical Login & Landing Page

eMedical and 1 more page - Work - Microsoft Edge

Not secure | e4-11-emedweb01.uxd.bcz.gov.au.8... | English Français US English

eMedical

Logon

User id * Required [Forgotten User ID?](#) ?

Password * Required [Forgotten Password?](#) ?

[Terms & Conditions](#) 56.5.35:11-01b



eMedical Workflow

Starting a Health Case

INSERT TEXT HERE



Health Case Search



[Security details](#) [My account](#) [Logout](#)
Dr UploadSix BULKSix
UploadSix BulkSix's clinic
[US English](#)



[Clinic inbox](#) [Case search](#) [Administration](#) [eMedical Support](#) [Contact us](#)

Case search

Search

Using Health Case Identifier Using Client Details

Using Client Details

Restrict Search to my Clinic's cases

Identity document number	* Required
Family name	* Required
Given name(s)	
Date of birth	
Applicant category	* Status Adjuster

[Set as my default screen](#)

Reset


Search

Network news





Create case



[Security details](#) [My account](#) [Logout](#)
Dr UploadSix BULKSix
UploadSix BulkSix's clinic
[US English](#)

[Clinic inbox](#) [Case search](#) [Administration](#) [eMedical Support](#) [Contact us](#)

Case search

An error has occurred

Your search returned no results. Change your search parameters and try again.

Search Using Health Case Identifier Using Client Details

Using Client Details

Restrict Search to my Clinic's cases

Identity document number * FDR 564908

Family name * Applicant

Given name(s) New test

Date of birth 17 Dec 2000

Applicant category * Status Adjuster

Default screen

Create case Reset Search

Network news



Create case - Personal Details

[Security details](#) | [My account](#) | [Logout](#)
Dr UploadSix BULKSix
 UploadSix BulkSix's clinic
 US English

[Clinic inbox](#) | [Case search](#) | [Administration](#) | [eMedical Support](#) | [Contact us](#)

Create case

Applicant personal details

Family name: Applicant

Given name(s): New test

Sex:

Date of birth:

Country of Birth:

City of Birth:

Prior Country of Residence:

Country of Nationality:

Identity document details

Identity document presented:

Number/ID: FDR 546809

Issuing country:

Date of issue:

Date of expiry:

Applicant category

Applicant category: Status Adjuster

Other Identifiers

Band ID number:

USCIS Online Account Number:

Other identifier:



Create case - Status Adjuster ID

Security details My account Logout
Dr UploadSix BULKSix
UploadSix BulkSix's clinic
US English

Health Case: P00019162 Pre exam: Health case details

PHOTO TO BE ATTACHED
APPLICANT, New test
FEMALE, 17 Dec 2000

Pre exam
Health case details
Manage Photo
Confirm Identity
All Exams
All exams summary
Current exams
513 Parolee Medical Exam

Health Case Status

CURRENT Pre exam
NEXT Exam in Progress
INCOMPLETE Submitted

Applicant personal details

Family name APPLICANT
Given name(s) New test
Sex FEMALE
Date of birth 17 Dec 2000
Country of birth BRAZIL
Update Bio-data
City of birth San Paulo
Prior Country of Residence BRAZIL
Country of Nationality BRAZIL

Applicant identity details

Identity document presented Original Passport
Identity Document Number FDR 546809
Issuing country BRAZIL
Date of issue
Date of expiry
Source Clinic

Applicant visa details

17 Dec 2000 Status Adjuster

Contact channels

No data

Delete	Contact channel	Contact details	Primary	Comments	Edit
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Paperwork Reduction Act statement

Public reporting burden for this collection of information is estimated to average 60 minutes per response, including time required for searching existing data sources, gathering the necessary documentation, providing the information and/or documents required, and reviewing the final collection. You do not have to supply this information unless this collection displays a currently valid OMB control number. If you have comments on the accuracy of this burden estimate and/or recommendations for reducing it, please send them to: PRA_BurdenComments@state.gov

Confidentiality statement

INA Section 222(f) provides that visa issuance and refusal records shall be considered confidential and shall be used only for the formulation, amendment, administration, or enforcement of the immigrant, nationality, and other laws of the United States. The U.S. Department of State uses the information provided on this form primarily to determine an individual's eligibility for a U.S. visa. Certified copies of visa records may be made available to a court which certifies that the information contained in such records is needed in a case pending before the court. The information provided may also be released to federal agencies for law enforcement, counter terrorism and homeland security purposes; to Congress and courts within their sphere of jurisdiction; and to other federal agencies who may need the information to administer or enforce U.S. laws. Although furnishing this information is voluntary, individuals who fail to submit this form or who do not provide all the requested information may be denied a U.S. visa or cause processing delays.

Print health case Print tracking sheet Remove case from inbox Edit case Print Information Sheet

Close Save Next

Health Case Identifier

- The 9 Digit "P" Number
- Unique to the Applicant
- Used for Finding the Case



Create case - Contact Channels

Add/Edit Contact channel [+] [x]

Channel type * Address (Home) v

Country * UNITED STATES v

Address * Required
[]
[]
[]

Suburb/Town * Required
[]

State/Territory/Province * Select an Option v

Post/Zip code * Required
[]

Primary contact Yes No

Comments []

Prior Country * BRAZIL

Add/Edit Contact channel [+] [x]

Channel type * Mobile (Personal) v

Phone No Country Code * Number *
Required Required
[] []

Primary contact Yes No

Comments []

Cancel Save

Date of birth 17 Dec 2000 Issuing country BRAZIL



Create case - Confirm Photo

eMedical Security details My account Logout
Dr UploadSix **BULKSix**
UploadSix BulkSix's clinic
US English

Clinic inbox Case search Administration eMedical Support Contact us

Health Case: P000019162 **Pre exam: Manage Photo**

PHOTO TO BE ATTACHED
APPLICANT, New test
FEMALE, 17 Dec 2000

- Pre exam
- Health case details
- Manage Photo
- Confirm identity
- All Exams
 - All exams summary
 - Current exams
 - 513 Parolee Medical Exam

Health Case Status

CURRENT **Pre exam**

NEXT Exam in Progress

INCOMPLETE Submitted

PHOTO CANNOT BE ATTACHED

Please take and attach a photo of the applicant: No file chosen

Cannot Attach photo ?


Reason

- Attach photo override
- A digital image of the applicant is not available.

Provide details




Create case - Confirm ID



[Security details](#) | [My account](#) | [Logout](#)
Dr UploadSix BULKSix
 UploadSix BulkSix's clinic
 US English

Clinic inbox Case search Administration ▾ eMedical Support Contact us

Health Case: P00019162


 APPLICANT, New test
 FEMALE, 17 Dec 2000

- Pre exam ⌵
- Health case details ⌵
- Manage Photo ⌵
- Confirm identity ⌵
- All Exams ⌵
- All exams summary
- Current exams
- 513 Parolee Medical Exam ○

Health Case Status

CURRENT

Pre exam

NEXT

Exam in Progress

INCOMPLETE

Submitted

Pre exam: Confirm identity

Applicant personal details

Family name APPLICANT

Given name(s) New test

Sex FEMALE

Date of birth 17 Dec 2000

Country of birth BRAZIL

[Update Bio-data](#)

City of birth San Paulo

Prior Country of Residence BRAZIL

Country of Nationality BRAZIL

Applicant identity details

Identity document presented Original Passport

Identity Document Number FDR 546809

Issuing country BRAZIL

Date of issue

Date of expiry

Source Clinic

Applicant visa details

Applicant Category Status Adjuster

Record identity

identity document provided Yes No

issuing country

identity document presented Original Passport

Passport number

Date of issue

Date of expiry

Do you have identity concerns? Not selected Yes No

Attachments

[Add New](#)

Delete	Document Type	Details	Attachment type	Sending method	File name	Edit
No data						

[Back](#) [Close](#) [Save](#) [Next](#)



Create case - Start Exam

The screenshot displays the eMedical web application interface. At the top left is the eMedical logo. The top right corner contains links for "Security details", "My account", and "Logout". Below the logo is a navigation bar with "Clinic inbox", "Case search", "Administration", "eMedical Support", and "Contact us".

The main content area is divided into two columns. The left column shows a "Health Case: P00019162" with a profile picture of a woman. Below the photo, it says "APPLICANT, New test FEMALE, 17 Dec 2000". A sidebar menu on the left includes "Pre exam", "Health case details", "Manage Photo", "Confirm Identity", "All Exams", "All exams summary", "Current exams", and "513 Parolee Medical Exam".

The right column is titled "All Exams: All exams summary" and contains a message: "No exams are available to manage at this time. If you have completed the Pre-exam steps, click the 'Start exams' button." Below this message are "Back" and "Close" buttons on the left, and a "Start Exam(s)" button on the right. A "Health Case Status" diagram is also visible, showing a flow from "Pre exam" to "Exam in Progress" to "Submitted".



Entering Required Fields

Browser address bar: <https://www.emedical.immi.gov.au/eMedUI/eMedical>

Page header: eMedical logo, Security details, My account, Logout, Ms Eryn PULLIAM-CANNON, ARMS TX, US English

Navigation: Clinic inbox, Case search, Administration, eMedical Support, Contact us

Health Case: P002635990

513 Parolee Medical Exam: Record results

Record results

Exam date ?

Exam description Record the results of the medical examination of the Parolee and any TB investigation performed.

History

Signs or symptoms of TB Not selected No Yes

Recent contact with known TB case Not selected No Yes

Pregnant, on the day of the exam? Not selected No Yes

Food or drug allergies Not selected No Yes

Current medications (List all current medications)

Physical Vitals

Hearing and ears Not selected Normal Abnormal

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 Normal Abnormal

Extremities (including pulses, edema) Not selected Normal 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 selected Interferon Gamma Release Assay (IGRA) IGRA not available

Type of IGRA test

Exam date (date drawn/applied)

Result Not selected Negative Indeterminate, Borderline, or Equivocal Positive

CXR

Date of x-ray

Health Case Status

Pre exam (CURRENT)

Exam in Progress (NEXT)

Submitted (INCOMPLETE)

513 Parolee Medical Exam

Record results

951 Vaccinations



Create case - TB Section

Submitted

TB Screening

Type of exam conducted Not selected Interferon Gamma Release Assay (IGRA) IGRA not available

Type of IGRA test

Exam date (date drawn/applied)

Result Not selected Negative Indeterminate, Borderline, or Equivocal Positive

CXR

Date of x-ray

Findings Not selected Normal Abnormal

Sputum Culture Results

Date specimen obtained

Date culture results reported

Result

TB Classification

Tuberculosis disease (TA1)

B0 TB, Pulmonary

B1 TB, Pulmonary

B1 TB, Extrapulmonary

B2 TB, LTBI Evaluation

B3 TB, Contact Evaluation

Class B Other

No apparent defect, disease or disability

Remarks

General supporting comments

Attachments

No documents have been attached

Delete	Document type	Details	Attachment type	Sending method	File name	Edit
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Support Staff & Clinic Administration

- ❖ Civil Surgeons can manage clinic information
- ❖ Civil Surgeons can add and manage support staff within eMedical
- ❖ Support staff can:
 - ❖ Create Cases
 - ❖ Enter Bio-Data
 - ❖ Perform Data Entry from Completed Form I-693
 - ❖ Submit Health Cases

eMedical Resources, Training & Support



1

Civil Surgeon Communication - gapcivilsurgeons@cdc.gov

- Updates & timelines
- Program Inquiries & Questions

2

eMedical Resources (In platform)

- Support Tab
- System / Error Issues

3

eMedical Resources (External FTP)

- Training Guides & Desktop Aids
- Webinar Replays

eMedical Upcoming Releases

- ❖ MHINx Unit is currently working to improve the system compatibility for tuberculosis documentation processes within eMedical:
 - ❖ Data fields will improve (additional 1:1 match of form I-693 fields)
 - ❖ Implementation of evaluation and monitoring
 - ❖ System enhancements based on civil surgeon feedback

CDC Survey

- ❖ CDC will launch a feedback survey through the International Panel Physicians Association (IPPA) at the conclusion of the webinar series.
- ❖ Feedback Topics:
 - ❖ Implementation Concerns
 - ❖ Anticipated Barriers
 - ❖ Workflow & Productivity Impacts
 - ❖ Clinical Decision Making
 - ❖ Feedback for Additional Resources
 - ❖ Current Health Department Reporting Practices
 - ❖ General Questions – To Build FAQ

Thank you!

For more information, contact CDC
1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348 www.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

