

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.

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1	Login to eMedical. E	inter your	credentials.		
		Logon			
		User id Password	*Required		Eorgotten User ID? ? Forgotten Password? ?
					Logon
56.5.62	l2-01b				

2	Select your clinic from the dropdown & click "GO"
	Select clinic
	Please select the clinic that you will be working in this session.
	Cancel GO
	You will only see this screen if you have staff operating in multiple clinics. Please proceed to step 3 if this screen
	does not appear.

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

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

box Case search Administration → eMee	cal Support Contact us
ase search	
Search	O Using Health Case Identifier
Using Client Details	Restrict Search to my Clinic's cases
Identity document number	• Required
Family name	Required
Given name(s)	
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. An alien number or USCIS account number is not required.

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Ensure all data is correct and **"Status Adjuster"** is selected for Applicant Category.

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	O Using Health Case Identifier Using Client Details
	Restrict Search to my Clinic's cases
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	* TestStatusAdjusterFirst
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	01 Jan 1988 🛍
	* Status Adjuster 🗸
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red to eMedical as per the schedule	below:
1 November 2023 from 0500 hours	s to 0800 hours (Australian Eastern Daylight Time)
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6 Click "Search"		
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wness and may need to login again to continue with their work. Therefore, please regularly save your work during this period.		•

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

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Administration • eMedi case search • An error has occurred Your search returned no results. Change your s	cal Support Contact us wearch parameters and try again.	
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Using Client Details Identify document number Family name Given name(s) Date of birth Applicant category	Restrict Search to my Clinic's cases 33334455 TestSlatusAdjusterFirst TestSlatusAdjusterLast 01 Jan 1988	The above error message is expected, click "Create Case" to move forward.
et as my default servee		

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

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C Medical iox Case search Administ	ation • eMedical Support Contact us					
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Applicant personal details				Identity document details		
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Applicant category						
Applicant category	S	tatus Adjuster				
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and ID number						
Number	ar.					
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Tip! Only fields marked with an asterisk are required. An alien number or USCIS account number is not required.

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

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

micro TO		Applicant personal	details	Applicant identity details		0
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		Given name(s)	TestStatusAdjusterLast	Identity Document Number	333344455	
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		Date of birth	01 Jan 1988	Date of issue		
ESTSTATUSADJUSTERF	IRST.	Country of birth	MOZAMBIQUE	Date of expiry		
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13 Enter all **Address (Home)** details.

Click "Save"

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

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

Enter all details.

Click "Save"

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16 Click **"Next"** on the profile screen.

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HEAT Exam in Progress Incomment Submitted	2.016	Paperwork Reduct Public reporting burden for documentation, providing th control number: If you have Confidentiality stata INA Socion 222(f) provides immigrant, nationality, and contrified copies of visa reco- may also be released to fed agencies who may need the requested information may Close Save	Ion Act statement his collection of information is estimate e information and/or documents require comments on the accuracy of this burd ement that vise issuance and relusal records their aixs of the United States. The U.S ords may be made available to a court were al agencies for law enforcement, cour p information to administer or enforce U. be denied a U.S. visa or cause processi	to average 60 minutes per d, and reviewing the final co- en estimate and/or recomme shall be considered confider Department of State uses: hich certifies that the inform the terrorism and homeland S. Jaws Athough furnishing ng delays.	response. Including time re lection. You do not have to indiations for reducing it, pir tail and shall be used only information provided on tion contained in such rea security purposes. Ito Cong this information is voluntar t health case. Print track	quired for searching supply this informat assested them to: F for the formulation, a this form primarily la ords is needed in a c press and courts with y, individuals who fai ing sheet Remove	existing data sour on unless this coll RRA_BurdenComm mendment, admin determine an ind ase pending befor in their sphere of j to submit this for a case from inbox	ces, gatherinn ection display ents@state.g istration, or e vvidual's eligit e the court. Ti urisdiction, ar m or who do r Edit case	g the necessary rs a currently val ov	id OMB essa. rovided al e on Sheet

17	/iew system default answers.	
	Click "Next"	
Administration -	eMedical Support Contact us	
55397	Pre exam: Manage Photo	

Administration -	emedical Support Contact us		
5397	Pre exam: Manage Photo		
		PHOTO CANNOT BE ITTACHED	0
TERFIRST, ast	Please take and attach a photo of the applicant		
	Please take and attach a photo of the applicant.	Choose Files No file chosen	
6	Reason	Attach photo override	
	Provide details	* A digital image of the applicant is not available.	
4	2		
	Back Close Save		Next
dical Exam (
e exam			
in Progress			
1			

(i) Tip! Adding a photo is optional. To save time, keep system defaults as is.

18 Verify an **"Identity document provided"** is provided by the applicant

Click "Next"

Health Case: P002855397	Pre exam: Confirm identity				
PHOTO CANNOT BE TTACHED TESTSTATUSADJUSTERFIRST, TestStatusAdjusterLast MALE, 01 Jan 1988	Applicant personal details Family name TESTSTAT Given name(s) TestStatus Sex MALE Date of birth 01 Jan 198 Country of birth MOZAMBIU Update Bio-data City of birth TEST	USADJUSTERFIRST AdjusterLast 8 2UE	Applicant identity details Identity document presented Identity Document Number Issuing country Date of issue Date of expiry Source	Onginal Passport 333344455 GEORGIA Clinic	0
Pre exam Health case details Manage Photo	Prior Country of Residence DOMINICA Country of Nationality CONGO, E	EM REPUBLIC			
Confirm identity	Applicant Category	Status Adjuster			O
O All Exams	Record identity				0
 Current exams 	Identity document provided	* Not selected O Yes	O No		v
• 513 Parolee Medical Exam					
Health Case Status	Back Close Save				Next
CURRENT Pre exam					
NEXT Exam in Progress					
PLETE Submitted					

19 Verify all identity information.

Verify there are no identity concerns.

		Applicant personal	details		Applicant identity details		0
		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		
ISTERFIRST, rLast		Update Bio-data			Source	Clinic	
		City of birth	TEST				
	-	Prior Country of Residence	DOMINICA				
		Country of Nationality	CONGO, DEM REPUBLIC				
	•	Applicant visa deta	ails				0
	0	Applicant Category		Status Adjuster			
1		Record identity					0
		Identity document provided		*O Not selected Ves O No			
ledical Exam	0	Issuing country		GEORGIA	~		
14. 1		Identity document presented	đ	* Original Passport	~ 🕜		
15		Passport number		* 333344455			
	÷.	Date of issue		mm/dd/yyyy			
Pre exam		Date of expiry		mm/dd/yyyy			
		Do you have identity concer	ms?	• Not selected Over ONO	0		
m in Progress		Attachments		\bigcirc			
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Submitted		No data					
	1	Delete Document lyp	be De	tails Attachment type	Sending method	File name	Edit
		Back Close Save					Next
							TTOAT

Tip! You can click **"Update Bio-data"** to update applicant details. Update applicant details before beginning examination data entry.

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Status A	Adiuster			0
* O Not s * GEOR * Origina * 333344	selected Yes No GIA al Passport 455	~ ?		0
mm/dd mm/dd *O Not s	/yyyy 🗖 /yyyy 🗂 selected O Yes I No 🕜		Add N	lew 🕜
etails	Attachment type	Sending method	File name E	dit
				Next

21 Click "Start Exam(s)"



22 Click "Parolee Medical Exam" arrow

<i>e</i> Medical	
ic inbox Case search Admini	stration • eMedical Support Contact us
Health Case: P002855397	All Exams: All exams summary
TE STSTATUSADJUSTERFI TestStatusAdjusterLast MALE, 01 Jan 1988	Back Close
O Pre exam	Ø
Health case details	•
Manage Photo	9
Confirm identity	9
O All Exams	
All exams summary	

23 Expand Parolee Medical Exam.

Click "View exam"

			Security details My.account Logout Ms Eryn PULLIAM-CANNON ARMS TX US English
Administration • e	Medical Support Contact us		
5397	All Exams: All exams summary		
			0
	O Parolee Medical exam		
STERFIRST, Last @ @ @	Exam code Exam description Exam added by Reason requested Exam date Exam date Exam status	613 Record the results of the medical examination of the Parolee and any TB investigation performed. DoS Required under policy Required	View exam
edical Exam			
re exam			
n in Progress			

 \triangle

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.

24 Record **TB Screening**, **CXR**, **Sputum Culture Results** & **TB Classification** sections for the applicant.

4	Mental status (including mood, intelligence, perception, thought processes and behavior during examination)	Not selected Normal Abnormal		
Exam in Progress	TB Screening			
Ļ	The down workshild			
NEXT Submitted	Type of exam conducted	Not selected O Interferon Gamma Release Assa	iy (IGRA) O IGRA not available	
	Type of IGRA test	Select an Option		
	Exam date (date drawn/applied)	10/24/2023		
	Result	Not selected O Negative O Indeterminate, Bor	rderline, or Equivocal O Positive	
	CXR			
	Date of x-ray	10/24/2023		
	Findings	Not selected O Normal O Abnormal		
	Sputum Culture Results			
	Date specimen obtained	Date culture results reported	Result	
	mm/dd/yyyy	mm/dd/yyyy	Select an Option ~	
	mm/dd/yyyy	mm/dd/yyyy	Select an Option ~	
	mm/dd/yyyy	mm/dd/yyyy	Select an Option ~	
	TB Classification			
		Tuberculosis disease (1A1)		
		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			

25 Use **Attachments** to upload a completed and signed Form I-693 PDF, interferon-gamma release assay (IGRA) test results, and, when available, the chest x-ray.

Click "Add New"

Sputum Culture Results			
Date specimen obtained	Date culture results reported	Result	
10/02/2023	10/05/2023	Negative 🗸	
10/03/2023	10/06/2023	Negative ~	
10/04/2023	10/07/2023	Negative ~	
TB Classification			
	Tuberculosis disease (1A1)		
	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			
General supporting comments			
Address to a second sec			
Attachments			
Use an existing attachment			Add New
No documents have been attached			
Delete Document Type	Details Attachment type	Sending method	File name Edit
[Parts] Class] Court			Cubrid Sure
Daux Ciuse Save			Submit Exar

Form I-693 file size may exceed eMedical file upload limits. eMedical and CDC are aware of the issue. In the interim, we are requesting Civil Surgeons upload Form I-693 in separate parts until the issue is resolved.

26 Use the Add New Attachment window to upload documents

()	Sputum Culture R	esults				
	Date specimen obtaine 10/02/2023			results reported		Result Negative Negative Negative
٦						
		Add New Attachment			+ ×	(
		Attachment type: *	Uploaded 🗸			
		Document type: *			~	
		Browse: *	Choose Files No file of	chosen		
		Details			1	
		• Also attach to other e	xam(s)			
F					Cancel Save	
G					22	Ē.
	Please note, eMedical is working to update labels. Document type: Report of Immigration Medical Examination and Vaccination Record = Form I-693 Document type: Other = Chest X-ray, IGRA results, or any other documents needed					

27 Click "Save"

Attachment			+ ×	
ent type:	* Uploaded	~		
nt type:	* Other		~	
	* Choose Fi	les No file chosen		
	TESTRECO f	DRD_CXR.pd		
	CXR			
o attach to o	ther et 3997 charact	ers remaining		
			Cancel	
			X	
				Add New



28	Verify all attach	iments are saved.		
	Click "Submit I	xam" once complete.		
	B2 TB, LTBI Evaluation B3 TB, Contact Evaluation Class B Other No apparent defect, disea	ı se or disability		
				Add New 2
etails ≺R	Attachment type Uploaded	Sending method	File name <u>TESTRECORD_CXR.pdf</u>	Edit
				Submit Exam

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