

# Tip Sheet: Recording 501 Medical Examination

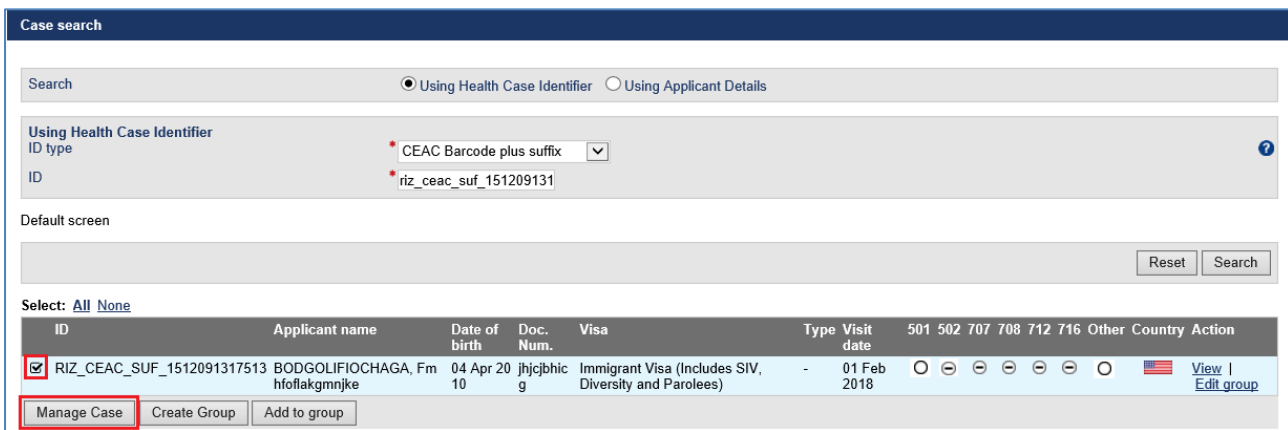
This tip sheet has been developed to assist panel clinics conducting the U.S. visa health examinations for applicants who are required to undergo 501 Medical Examination as a part of their health examination(s).

Once the health case is at **Exam in Progress** status, you can start recording the 501 Medical Examination.

**Note:** If your health case is ready to proceed to the examination state, it should be available in the **In progress** tab in your clinic's **inbox**.  
**Note:** Throughout the examination a red asterisk \* will display for mandatory fields.

**Step 1.** Search the health case using the **Case search** screen (or locate the health case in the **In progress** folder of the clinic's **inbox**)

**Step 2.** Select the check box next to the health case and press the **Manage Case** button



The screenshot shows the 'Case search' interface. At the top, there is a search bar with two radio buttons: 'Using Health Case Identifier' (selected) and 'Using Applicant Details'. Below the search bar, there are two input fields: 'Using Health Case Identifier ID type' with a dropdown menu set to 'CEAC Barcode plus suffix', and 'ID' with the value 'riz\_ceac\_suf\_151209131'. A 'Default screen' field is empty. Below these fields are 'Reset' and 'Search' buttons. A table of results is displayed with columns: ID, Applicant name, Date of birth, Doc. Num., Visa, Type, Visit date, 501, 502, 707, 708, 712, 716, Other, Country, and Action. The first row is selected, and the 'Manage Case' button is highlighted in a red box.

ID	Applicant name	Date of birth	Doc. Num.	Visa	Type	Visit date	501	502	707	708	712	716	Other	Country	Action
<input checked="" type="checkbox"/> RIZ_CEAC_SUF_1512091317513	BODGOLIFIOCHAGA, Fm hfoflakgmjke	04 Apr 2010	jhjcbhcg	Immigrant Visa (Includes SIV, Diversity and Parolees)	-	01 Feb 2018	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<a href="#">View</a>   <a href="#">Edit group</a>

Buttons below the table: **Manage Case** (highlighted), Create Group, Add to group

The **Health case details** screen displays.

Health Case: RIZ\_CEAC\_SUF\_1512091317513

Pre exam: Health case details

Panel Physician Report on Medical Examination and Vaccination Record

OMB Control Number TODO: prod value  
Form Number DS-7794  
Expiration Date 30 Nov 2020  
Estimated Burden 60 minutes

**Applicant personal details**

Family name BODGOLIFIOCHAGA  
Given name(s) fmfhoflakgmjke  
Sex FEMALE  
Date of birth 04 Apr 2010  
Country of birth RWANDA  
City of birth VANUATU  
Prior Country of Residence AUSTRIA

**Applicant identity details**

Identity document presented Original Passport  
Identity Document Number jhjcjbhcg  
Issuing country RWANDA  
Date of issue  
Date of expiry 01 Dec 2022  
Source United States of America

**Other Identifiers**

Identifier type	Identifier value
Alien Number	RIZ_AN1512091317513
Case Number	RIZ_CSN1512091317513
Beneficiary ID	RIZ_BNFID1512091317513
CEAC Barcode	RIZ1317513

**Applicant visa details**

Applicant Category Immigrant Visa (Includes SIV, Diversity and Parolees)

**Applicant Declaration**

I declare that Fmfhoflakgmjke BODGOLIFIOCHAGA (or their parent/guardian) has read and understands the information provided by the U.S. Department of State regarding eMedical and has agreed to his/her medical information being submitted electronically to the Department, with this consent to be recorded by this clinic in eMedical.  
Changing the value or selection of this component will cause all of your changes to be saved immediately.

**Step 3.** Expand the Medical Examination in the **All Exams: All exams summary** screen

**Step 4.** Press the **View exam** button

Health Case: TST\_CEAC\_SUF\_1505861386450

All Exams: All exams summary

JENSSOM, Apple  
FEMALE, 15 Aug 1987

**Medical Examination**

Exam code 501  
Exam description Full physical medical examination report required  
Exam added by USG  
Reason requested Required under policy  
Exam date  
Exam status Required  
Grading -

**View exam**

**Chest X-ray Examination**

**Psychiatrist's report**

**Respiratory Specialist Investigation on Current Status of Tuberculosis**

**Continued anti-tuberculosis treatment**

**Add exam**

**Back** **Close**

The **501 Medical Examination: Confirm identity** screen displays.

**Note:** You can also access the **501 Medical Examination: Confirm identity** screen from the navigation pane of a health case.

- Pre exam ✔
- Health case details ✔
- Manage Photo ✔
- Confirm identity ✔
- All Exams
- All exams summary
- Current exams
  - 501 Medical Examination**
  - 502 Chest X-Ray Examination
  - 712 Syphilis test (VDRL or RPR) ⚠
  - 713 Gonorrhea ⚠
  - 106 Mental health report ⚠

**Step 5.** Update any identity information and select radio button for **Do you have identity concerns?** and record any identity concerns as required

### 501 Medical Examination: Confirm identity

#### Applicant personal details

Family name: BODGOLIFIOCHAGA  
Given name(s): fmfhoflakgmnjke  
Sex: FEMALE  
Date of birth: 04 Apr 2010  
Country of birth: RWANDA  
City of birth: VANUATU  
Prior Country of Residence: AUSTRIA

#### Applicant identity details

Identity document presented: Original Passport  
Identity Document Number: jhjcjbhicg  
Issuing country: RWANDA  
Date of issue: 01 Dec 2022  
Date of expiry: 01 Dec 2022  
Source: United States of America

#### Applicant visa details

Applicant Category: Immigrant Visa (Includes SIV, Diversity and Parolees)

#### Record identity

Identity document provided:  Not selected  Yes  No  
Issuing country: RWANDA  
Identity document presented: Original Passport  
Passport number: FFFF  
Date of issue: 06 May 2018  
Date of expiry: 06 May 2028  
Do you have identity concerns?:  Not selected  Yes  No

Back Close Save **Next**

**Step 6.** Press the **Next** button

The **501 Medical Examination: Past Medical History** screen displays.

**501 Medical Examination: Past Medical History**

### Record Medical History (Past or present) ?

#### General

Illness or injury requiring hospitalization (including psychiatric) \*  Not selected  No  Yes

#### Cardiology

Hypertension \*  Not selected  No  Yes

Congestive heart failure or coronary artery disease \*  Not selected  No  Yes

Arrhythmia \*  Not selected  No  Yes

Rheumatic heart disease \*  Not selected  No  Yes

Congenital heart disease \*  Not selected  No  Yes

#### Pulmonology

Current tobacco use \*  Not selected  No  Yes

Former Tobacco use \*  Not selected  No  Yes

Asthma \*  Not selected  No  Yes

Chronic obstructive pulmonary disease \*  Not selected  No  Yes

History of Tuberculosis \*  Not selected  No  Yes

Fever \*  Not selected  No  Yes

Cough \*  Not selected  No  Yes

Night sweats \*  Not selected  No  Yes

Weight loss \*  Not selected  No  Yes

Signs or symptoms of TB \*  Not selected  No  Yes

Recent contact with known TB case \*  Not selected  No  Yes

#### Psychiatry

Psychological/Psychiatric Disorder (including major depression, bipolar disorder or schizophrenia) \*  Not selected  No  Yes

Major impairment in learning, intelligence, self-care, memory or communication \*  Not selected  No  Yes

Use of substances other than those required for medical reasons \*  Not selected  No  Yes

Substance use or substance induced disorders of substances on the Controlled Substances Act (CSA) \*  Not selected  No  Yes

Substance use or substance induced disorders of substances not on the CSA (including alcohol) \*  Not selected  No  Yes

Ever caused serious injury to others, caused major property damage or had trouble with the law because of medical condition, mental disorder, or influence of alcohol or drugs \*  Not selected  No  Yes

Ever had thoughts of harming yourself \*  Not selected  No  Yes

Ever had thoughts of harming others \*  Not selected  No  Yes

#### Neurology

History of stroke \*  Not selected  No  Yes

Seizure disorder \*  Not selected  No  Yes

#### Sexually Transmitted Diseases

Syphilis \*  Not selected  No  Yes

Gonorrhea \*  Not selected  No  Yes

#### Endocrinology

Diabetes \*  Not selected  No  Yes

Thyroid disease \*  Not selected  No  Yes

#### Hematologic / Lymphatic

Anemia \*  Not selected  No  Yes

Sickle Cell Disease \*  Not selected  No  Yes

Thalassemia \*  Not selected  No  Yes

Other hemoglobinopathy \*  Not selected  No  Yes

#### Hansen's Disease

Previous treatment \*  Not selected  No  Yes

Current diagnosis or treatment \*  Not selected  No  Yes

#### Other

An abnormal or reactive HIV blood test \*  Not selected  No  Yes

Malignancy \*  Not selected  No  Yes

Kidney or Bladder disease \*  Not selected  No  Yes

Chronic liver disease (including hepatitis B or C) \*  Not selected  No  Yes

Other medical conditions requiring treatment \*  Not selected  No  Yes

Disabilities (including loss of arms or legs) \*  Not selected  No  Yes

Current medications (List all current medications)

Previous surgeries (List all previous surgeries)

#### Doctor Declaration

Applicant appears to be providing unreliable or false information \*  Not selected  No  Yes

Next

**Step 7. Select applicable radio button for all the listed questions for Record Medical History (Past or present)**


**Note:** The 'Answer No to all' button is available to record No to all questions.

**Note:** For a Yes response to certain questions, extra mandatory fields will appear and must be recorded. For example, a Yes answer to **Recent contact with known TB case** requires additional information and must be recorded.

**Note:** A Yes response recorded against some questions will add additional exam(s) if they either do not already exist or if they exist but have expired when the 501 is prepared for classification.

**Note:** For a 5 year or older female applicant the **Obstetrics** section will also display. If the **Is the applicant pregnant?** is Yes then additional information must be recorded.

**Note:** If answer to the **Sexually Transmitted Diseases** is Yes then the **Previous Treatment** must be recorded.

Press the  icon to record the **Previous Treatment** in the **Add/Edit Previous Syphilis Treatment** window.

**Note:** Only a panel physician will be able to record the **Doctor Declaration**.

**Step 8. Press the Next button**

The **501 Medical Examination: Basic questions** screen displays.

**501 Medical Examination: Basic questions**

**Basic questions** ?

Exam date \* 06 Oct 2017   ?

**Height & Weight**

Height in Centimeters \*  ?

Weight in Kilograms \*  ?

**Blood pressure**

Initial Blood Pressure

Systolic \*

Diastolic \*

Pulse \*

**Vital Signs**

Temperature in °C \*

Respiratory rate / min \*

**Eyes**

Visual acuity testing \*  Not selected  Uncorrected only  Corrected only  Both

Back Close Save Next

**Step 9.** Edit the Exam date, if required (will default to today's date)

**Step 10.** Enter Height (in Centimeters)

**Step 11.** Enter Weight (in Kilograms)

The system will now automatically calculate and display the **Body Mass Index (BMI)** figure.

**Step 12.** Enter the **Systolic** and **Diastolic** blood pressure

**Note:** For applicants under 15 years of age the **Systolic** and **Diastolic** blood pressure fields will also display however it is not mandatory to enter information for those applicants.

**Step 13.** Enter **Pulse**

**Step 14.** Enter **Temperature**

**Step 15.** Enter the **Respiratory rate**

**Step 16.** Select the appropriate radio button for **Visual acuity testing**

**Note:** For applicants under 15 years of age the **No (Applicant <15)** option will also be available.

**Eyes**

Visual acuity with or without correction \*  Not selected  Uncorrected only  Corrected only  Both  No (Applicant <15)

**Step 17.** Press the **Next** button

The **501 Medical Examination: Detailed questions** screen displays.

**Note:** Only a panel physician with 'Doctor' role can record answers in the **501 Medical Examination: Detailed questions** screen.

Detailed questions



All Systems

General appearance

Not selected  Normal  Abnormal

Nutritional status (including acute wasting and or chronic stunting malnutrition)

Not selected  Normal  Abnormal

Heart (S1, S2, murmur, rub)

Not selected  Normal  Abnormal ?

Lungs

Not selected  Normal  Abnormal ?

Nervous system

Not selected  Normal  Abnormal ?

Abdomen (including liver, spleen)

Not selected  Normal  Abnormal ?

Musculoskeletal system (including gait)

Not selected  Normal  Abnormal ?

Extremities (including pulses, edema)

Not selected  Normal  Abnormal

Hematologic

Not selected  Normal  Abnormal

Brain and cognition

Mental status (including mood, intelligence, perception, thought processes and behavior during examination)

Not selected  Normal  Abnormal ?

Eyes, ears, nose, throat and mouth

Eyes

Not selected  Normal  Abnormal ?

Nose, mouth and throat (including dental)

Not selected  Normal  Abnormal ?

Hearing and ears

Not selected  Normal  Abnormal ?

Miscellaneous

Skin

Not selected  Normal  Abnormal ?

Lymph nodes

Not selected  Normal  Abnormal ?

Attachments

Link to existing

Add New ?

No documents have been attached

Delete	Document Type	Details	Attachment type	Sending method	File name	Edit
Back	Close	Save	Next			

**Step 18.** Select **Normal** or **Abnormal** for each of the questions

**Note:** For each **Abnormal** response a **Provide details** text box will display where further information must be recorded.

Nutritional status (including acute wasting and or chronic stunting malnutrition)  Not selected  Normal  Abnormal

Provide details

**Step 19.** Press the **Next** button

The **501 Medical Examination: Review exam details** screen displays.



## Exam details

Exam code	501
Exam description	Full physical medical examination report required
Exam added by	DoS
Reason requested	Required under policy
Exam date	06 May 2018
Exam status	Incomplete



## Applicant personal details

Family name	BODGOLIFIOCHAGA
Given name(s)	fmhfoflakgmjke
Sex	FEMALE
Date of birth	04 Apr 2010
Country of birth	RWANDA
City of birth	VANUATU
Prior Country of Residence	AUSTRIA

## Applicant identity details

Identity document presented	Original Passport
Identity Document Number	jhjcbhcg
Issuing country	RWANDA
Date of issue	
Date of expiry	01 Dec 2022
Source	United States of America



## Applicant visa details

Applicant Category	Immigrant Visa (Includes SIV, Diversity and Parolees)
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## Record identity

Identity document provided	Yes
Issuing country	RWANDA
Identity document presented	Original Passport
Passport number	FFFF
Date of issue	06 May 2018
Date of expiry	06 May 2028
Do you have identity concerns?	No



### Review Medical History

#### General

Illness or injury requiring hospitalization (including psychiatric)	No
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#### Cardiology

### Eyes, ears, nose, throat and mouth

Eyes	Normal
Nose, mouth and throat (including dental)	Normal
Hearing and ears	Normal

### Miscellaneous

Skin	Normal
Lymph nodes	Normal

### Attachments

[Link to existing](#)

[Add New](#)

No documents have been attached

Delete	Document Type	Details	Attachment type	Sending method	File name	Edit
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[Back](#)

[Close](#)

[Save](#)

[Next](#)

**Step 20.** Thoroughly review the information that has been recorded

**Note:** All details in the **501 Medical Examination: Review exam details** screen are 'view only' and cannot be edited. To edit them, return to the screen where the information was entered.

**Note:** A warning flag will display next to any **abnormal** findings on the 501 exam.

Hypertension

Yes



This is an adverse response

**Step 21.** Press the **Next** button

The **501 Medical Examination: Classification and Examiner Declaration** screen displays.



**501 Medical Examination: Classification and Examiner Declaration**

**Provide classification**

Please complete the 501 Medical Examination. If you have completed the exam and you are ready to provide a classification, press the 'Prepare for classification' button.

**Step 22.** Press the **Prepare for classification** button

**Note:** The **Prepare for classification** section runs validation rules to ensure all required fields have been completed and all required examinations have been completed and submitted before the 501 Medical Examination is classified.

**Note:** If there are any incomplete exam fields, you will be directed to that relevant section of the exam(s) before you can proceed with the classification.

**Note:** To amend details entered before submit exam, press the **Edit exam** button on the **Classification and Examiner Declaration** screen. It takes you to a previous screen to open the relevant section from the navigation pane of the health case and repeat the **Prepare for classification** process before Submit Exam.

**Note:** The system may generate some additional tests depending on answers to the Medical History questions and/or results of the medical examination.

**501 Medical Examination: Classification and Examiner Declaration**

**Provide classification**

**Classification**

**Class A Conditions**

- Tuberculosis disease (1A1) ?
- Syphilis, untreated (1A1)
- Gonorrhea, untreated (1A1)
- Hansen's Disease, untreated multibacillary or paucibacillary (1A1)
- Any physical or mental disorder (excluding addiction or abuse of specific substance on the Controlled Substances Act but including other substance-related disorder) with harmful behavior or history of such behavior likely to recur (1A3)
- Addiction or abuse of specific substance on the Controlled Substances Act (1A4)
- Immigrant visa applicant refuses vaccinations (1A2)

**Class B Conditions**

Tuberculosis

- B1 TB, Pulmonary ?
- B1 TB, Extrapulmonary ?
- B2 TB, LTBI Evaluation ?
- B3 TB, Contact Evaluation ?

Syphilis, treated within last year

Gonorrhea, treated within last year

Hansen's Disease

- Treated multibacillary
- Treated paucibacillary

Any physical or mental disorder (excluding addiction or abuse of specific substance on the Controlled Substances Act but including other substance related disorder) without harmful behavior or history of such behavior unlikely to recur

Sustained, full remission of addiction or abuse of specific substance on the Controlled Substances Act

**Class B Other**

**No apparent defect, disease or disability**

If you wish to update the examination answers then press the 'Edit exam' button.

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**Examiner declaration**

I attest that I performed this examination, have reviewed all test results, and that the medical classification is correct in accordance with the Centers for Disease Control and Prevention's Technical Instructions for panel physicians. I further attest that I have a current panel physician agreement with the Department of State.

Completed by: Mr Doctor USA

Date of declaration: 01 Aug 2018

**Note:** The **Class A classification** specifies that applicant has an inadmissible medical condition (communicable disease of public health significance, physical or mental disorder with associated harmful behavior, drug abuse or addiction), or does not have documentation of having received vaccinations against vaccine-preventable diseases.

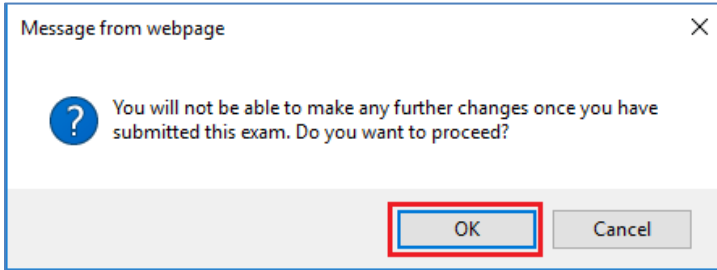
The **Class B classification** indicates that the applicant has a medical condition that is not an inadmissible condition, but represents a significant departure from normal health. The classifications are automatically determined from the answers on the exam(s) however, some classifications may be selected at the discretion of the panel physician. For a health case that is considered as not classified the **No apparent defect, disease or disability** is automatically selected.

**Note:** Use the **Edit exam** button to update any information recorded in the **501 Medical Examination**.

**Step 23.** Select the **Examiner declaration** check box

**Step 24.** Press the **Submit Exam** button

A confirmation message displays



**Step 25.** Press the **OK** button

This submits the exam, and returns you to the **Classification and Examiner Declaration** screen with a success message being displayed on the top of the screen.

Success

The health case has been successfully submitted to the appropriate Department.

Health Case: TST\_CEAC\_SUF\_1504577007633

501 Medical Examination: Classification and Examiner Declaration

Provide classification

Classification

Class A Conditions

- Tuberculosis disease (1A1) ?
- Syphilis, untreated (1A1)
- Gonorrhea, untreated (1A1)
- Hansen's Disease, untreated multibacillary or paucibacillary (1A1)
- Any physical or mental disorder (excluding addiction or abuse of specific substance on the Controlled Substances Act but including other substance-related disorder) with harmful behavior or history of such behavior likely to recur (1A3)
- Addiction or abuse of specific substance on the Controlled Substances Act (1A4)
- Immigrant visa applicant refuses vaccinations (1A2)

Class B Conditions

**Tuberculosis**

- B1 TB, Pulmonary ?
- B1 TB, Extrapulmonary ?
- B2 TB, LTBI Evaluation ?
- B3 TB, Contact Evaluation ?
- Syphilis, treated within last year
- Gonorrhea, treated within last year

**Hansen's Disease**

- Treated multibacillary
- Treated paucibacillary
- Any physical or mental disorder (excluding addiction or abuse of specific substance on the Controlled Substances Act but including other substance related disorder) without harmful behavior or history of such behavior unlikely to recur
- Sustained, full remission of addiction or abuse of specific substance on the Controlled Substances Act

Class B Other

- No apparent defect, disease or disability

If you wish to update the examination answers then press the 'Edit exam' button.

Edit exam

Health Case Status

COMPLETE Pre exam

COMPLETE Exam in Progress

COMPLETE Submitted

Examiner declaration

- I attest that I performed this examination, have reviewed all test results, and that the medical classification is correct in accordance with the Centers for Disease Control and