



<p><b>Sputum smear results and X-ray findings:</b> 痰涂片结果及 X 光检查结果:</p> <p><b>At least one smear result POSITIVE and</b> 至少一次痰涂片结果呈阳性</p> <p><input type="checkbox"/> Any chest X-ray finding, this is Class A/TB 任何胸部 X 光发现,属 A 级结核 (Normal or Abnormal findings) (正常或异常发现)</p>	<p><b>Three smear results NEGATIVE and</b> 三次痰涂片结果呈阴性:</p> <p><input type="checkbox"/> X-ray Normal with X 光未见异常,且</p> <p style="margin-left: 20px;"><input type="checkbox"/> Signs of symptoms resolved, this is <b>No Class</b> 症状消失,不定级</p> <p style="margin-left: 20px;"><input type="checkbox"/> Signs or symptoms suggest follow-up needed after arrival, this is <b>B Other</b> 有症状,建议到美国后随访,属 B 级其他类</p> <p><input type="checkbox"/> X-ray suggests ACTIVE or INACTIVE TB, this is <b>Class B1/TB</b> X 光所见考虑活动性或非活动性结核,属 B 1 级</p> <p><input type="checkbox"/> OTHER X-ray findings suggest follow-up needed after arrival, this is <b>Class B Other</b> 其他,据 X 光所见,建议到美国后进行随访,属 B 级其他类</p>
<p>4. <input type="checkbox"/> <b>No Class</b>   <input type="checkbox"/> <b>Class A/TB</b>   <input type="checkbox"/> <b>Class B1/TB</b>   <input type="checkbox"/> <b>Class B2/TB</b>   <input type="checkbox"/> <b>Class B Other, follow-up needed</b> 无级别      A 级结核      B1 级结核      B2 级结核      B 级其他类,需随访</p>	
<p>5. <b>Follow-up Needed After Arrival</b>   <input type="checkbox"/> <b>No</b>   <input type="checkbox"/> <b>Yes</b>   <b>If Yes, for</b>   <input type="checkbox"/> <b>Not TB condition</b>   <input type="checkbox"/> <b>TB condition</b> 到美国后需要随访      否      是      随访是针对      非结核病症      结核病症 (If yes, specify condition below and on DS-2053; include additional tests, and therapy used with start and stop dates and any changes) (如果是,详细在下面和 DS-2053 中说明,包括注明额外的检测、所需治疗的起止日期和其他变化)</p>	
<p><b>Remarks</b> 备注</p>	

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## PAPERWORK REDUCTION ACT AND PRIVACY ACT NOTICES

### 文字报告缩减法和个人隐私法之相关通告

Public reporting burden for this collection of information is estimated to average .45 minutes per response, including time required for searching existing data sources, gathering the necessary data, providing the information required, and reviewing the final collection. Persons are not required to provide this information in the absence of a valid OMB approval number. Send comments on the accuracy of this estimate of the burden and recommendations for reducing it to: Department of State (A/RPS/DIR) Washington, DC 20520-1849.

针对表中的要求对资料进行搜集并根据所得资料完成此表,估计每份平均需要 45 分钟。若持表人所提交的表上无美国预算和管理局给予的号码,这类人无需向您提供表中的相关信息。若您对于完成表格所需时间的估计和表格内容的精简有更好的建议,可告知:华盛顿特区的国务院所属机构(A/RPS/DIR),邮编:20520-1849

We ask for information on this form, in the case of applicants for immigrant visas, to determine medical eligibility under INA Sections 212(a) and 221(d), and, in the case of refugees, as required under INA Section 412(b)(4) and (5). If an immigrant visa is issued or refugee status granted, you will convey this form to the INS for disclosure to the Center for Disease Control and the US Public Health Service. Failure to provide this information may delay or prevent the processing of your case. If an immigrant visa is not issued or refugee status is not granted, this form will be treated as confidential under INA Section 222(f).

我们要求移民签证申请人或难民提供表中所罗列的内容,以便于我们确定申请人是否符合移民法第 212(a)221(d)或 412(b)(4)和(5)条中的医学要求。如果移民签证或难民身份获得批准,这份表格将提交到移民局从而将你的情况向疾病控制中心各卫生部通报,若不按照要求提供个人资料,你的申请程序将被延迟。若移民签证或难民身份未获批准,你的表格将依照移民法第 222(f)条的要求作为密件处理。

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