AMERICAN IMMIGRATION LAWYERS ASSOCIATION

August 4, 2026

Senior Regulatory Coordinator
Visa Services
Department of State
600 19th St. NW
Washington, DC 20006

Submitted via http://www.regulations.gov

RE: 60-Day Notice of Proposed Information Collection: Medical Examination for Visa or Immigration Benefit (Docket Number: DOS-2026-0694) Public Notice 13039, OMB Control Number: 1405–0230 (Form Number(s): DS–2054, DS–3025, DS–3026, DS–3030, and DS–7794).

To Whom It May Concern:

The American Immigration Lawyers Association (AILA) submits the following comments in response to the 60-Day Notice of Proposed Information Collection: Medical Examination for Visa or Immigration Benefit.

Established in 1946, AILA is a voluntary bar association of more than 18,000 attorneys and law professors practicing, researching, and teaching in the field of immigration and nationality law. AILA's mission includes the advancement of the law pertaining to immigration and naturalization, and the facilitation of justice in the field. AILA members regularly advise and represent businesses, U.S. citizens, U.S. lawful permanent residents, and foreign nationals regarding the application and interpretation of U.S. immigration laws. The collective expertise and experience of our members make us especially well-qualified to offer comments on the proposed changes to several immigration forms that will benefit both the public and the agency.

AILA submits this comment in response to the Department of State's (the Department) 60-day notice of proposed information collection for "Medical Examination for Visa or Immigration Benefit" (Forms DS-2054, DS-3025, DS-3026, DS-3030, and DS-7794).[1] We appreciate the opportunity to provide input. Although AILA recognizes the Department's legitimate interest in identifying health-related grounds of inadmissibility under INA § 212(a)(1), we have several concerns about the revised collection's scope, stated purpose, and burden estimate. We also renew

[1] 91 FR 34876 (Jun. 7, 2026).

our concern regarding visa applicants' access to their own medical records.[2] We respectfully request that the Department address the issues below before submitting this collection to the Office of Management and Budget (OMB).

The abstract accompanying this notice states, for the first time, that the information collected is used "to comply with other requirements, such as those relating to a public charge ineligibility under INA § 212(a)(4)," and that the collection is "essential to … ensuring immigrants are not likely to become a public charge after admission." This language marks a material departure from the collection's longstanding statutory purpose. The medical examination is authorized by INA § 221(d) and is designed to identify the specific health-related grounds of inadmissibility enumerated in INA § 212(a)(1): communicable diseases of public health significance, failure to meet vaccination requirements, physical or mental disorders with associated harmful behavior, and drug abuse or addiction. Section 212(a)(4), by contrast, is a separate ground of inadmissibility based on a forward-looking, totality-of-the-circumstances assessment of the statutory factors set out in INA § 212(a)(4)(B): age, health, family status, assets, resources, financial status, and education and skills.

Panel physicians are not responsible for making public charge determinations and are neither trained nor authorized to do so. Their role is limited to conducting the medical examination and reporting relevant findings; the ultimate public charge determination under INA § 212(a)(4) is reserved to consular and immigration officers.[3] Repurposing the DS-2054 and its worksheets to generate inputs for the § 212(a)(4) analysis raises three concerns. First, by eliciting information about general "abnormalities," rather than specific medical diagnoses, it risks translating a clinical finding about a chronic but medically managed condition (for example, diabetes, cardiac disease, or a treated mental health condition) into an adverse inadmissibility inference untethered from any of the four medical grounds Congress specified in § 212(a)(1). Second, it invites inconsistency because panel physicians worldwide apply CDC Technical Instructions, not the economic and self-sufficiency criteria that govern § 212(a)(4). Third, it may deter applicants from disclosing conditions or seeking treatment if they fear that candor will be used against them on economic grounds. AILA urges the Department to confirm that the medical examination forms will be used solely to establish the health-related grounds under INA § 212(a)(1) and to remove or clarify the public charge language in the abstract accordingly.

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[2] American Immigration Lawyers Association (AILA), *AILA Submits Comment on DOS Proposed Changes to Information Collection on Medical Examination Forms*, (Jun. 10, 2025), AILA Doc. No. 25061002.

[3] See INA § 212(a)(4)(A), 8 U.S.C. § 1182(a)(4)(A) (public charge determination made "in the opinion of" the consular officer or the Secretary of Homeland Security); 9 FAM 302.8-2(A); CDC, Technical Instructions for Panel Physicians ("The panel physician is not responsible for determining whether an applicant is actually eligible to enter the United States; that determination is made by the consular officer after reviewing all records, including the report of the medical examination."

The retitled collection (now "Medical Examination for Visa or Immigration Benefit," rather than the prior "Medical Examination for Visa or Refugee Applicant") and its abstract indicate that the examination requirement now reaches visa applicants generally, refugees, follow-to-join refugees and asylees, and "certain parolees." Historically, routine panel-physician medical examinations have been associated with immigrant visa and refugee adjudications. To the extent the revised collection extends the examination requirement to nonimmigrant visa applicants or additional parolee categories, AILA urges the Department to identify, with specificity: (1) which categories of nonimmigrant applicants are now subject to the examination requirement; (2) which categories of parolees are covered; and (3) the legal authority for extending the examination to each such category. This information is necessary for the public to meaningfully evaluate the collection and its burden, and for practitioners to advise affected applicants.

The notice estimates 696,800 respondents, an average of 2 hours per response, and a total burden of 1,392,000 hours. Prior iterations of this collection estimated roughly 630,000 respondents at approximately 1 hour per response. The doubling of the per-response time suggests that the collection has changed substantially, yet the notice does not describe the specific revisions or provide a redline of the draft forms so that the public can easily understand the changes. Other agencies typically provide a Table of Changes when revising forms for better transparency.[4] Under the Paperwork Reduction Act, the public cannot fairly assess whether the collection is "necessary for the proper performance of the functions of the agency," whether the burden estimate is, [5] or whether the burden could be minimized, without knowing what has been added. AILA requests that the Department explain what new data elements account for the increased burden.

The methodology states that the collected information is retained by the Bureau of Consular Affairs and provided to the CDC, the Department of Homeland Security, and other U.S. government agencies "including for law enforcement and immigration enforcement purposes." The forms capture highly sensitive personal health data: diagnostic test results, vaccination histories, and diagnoses of communicable diseases, mental health conditions, and substance use. AILA urges the Department to: (1) limit onward disclosure to what is necessary to adjudicate the applicant's benefit and protect public health, consistent with the purposes for which the information is collected; (2) identify the applicable System of Records Notice and routine uses so that the public can evaluate the privacy implications; and (3) confirm that data sharing will not expose applicants or their family members to collateral enforcement consequences based solely on protected health information disclosed in the examination.

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[4] *See e.g.*, USCIS, *Table of Changes – Form, Form I-945, Public Charge Bond, OMB Number: 1615-014*3 (Jun. 18, 2026), I945-010-FRM-TOC-PCRescissionFinalRule-OMBReview-06182026; USCIS, *Table of Changes – Form, Form I-485, Application to Register Permanent Residence or Adjust Status, OMG Number: 1615-0023* (Jun. 15, 2026), I485-051-FRM-TOC-PublicChargeFR-OMBReview-06182026.

[5] S.244, 104th Cong. (1995) (enacted).

As AILA has previously noted, panel physicians complete the medical examination forms and submit them directly to the consular post, rather than providing them to the applicant.[6] Because the Department treats visa records as confidential under INA § 222(f), 8 U.S.C. § 1202(f), and generally does not disclose them unless the document was submitted by or sent to the requesting party, this structure risks denying applicants access to their own health information. That result would be at odds with prevailing principles of individual privacy and data access reflected in the HIPAA Privacy Rule and in state medical-records laws, which recognize a patient's right to obtain copies of their own records even when those records are created or held by a third-party physician. Denying access can have real consequences: an applicant who cannot review the report cannot correct erroneous information that may wrongly affect the adjudication and may remain unaware of a health condition requiring treatment. INA § 222(f) was enacted to protect sensitive information from third parties, not to withhold it from the individual to whom it pertains. AILA urges the Department to affirm, through its handling of this collection, that applicants retain the ability to obtain copies of their medical examination records.

AILA appreciates the Department's consideration of these comments. We respectfully urge the Department to: (1) confirm that the medical examination will be used only to establish the health-related grounds of inadmissibility under INA § 212(a)(1) and clarify or remove the public charge language; (2) If retained, to specify the fields that are being used for public charge analysis and whether CDC technical instructions contemplate collection of information for public-charge adjudications; (3) identify the categories of nonimmigrant applicants and parolees subject to the examination and the authority for each; (4) publish the revised forms and supporting statement and justify the increased burden estimate; (5) limit and explain onward disclosure of applicants' health data; and (6) affirm applicants' ability to access their own medical records. We welcome the opportunity to discuss these issues further.

Sincerely,

The American Immigration Lawyers Association

[6] AILA, *AILA Submits Comment on DOS Proposed Changes to Information Collection on Medical Examination Forms*, (Jun. 10, 2025), AILA Doc. No. 25061002.