

**Instructions**

**NOTE:** Please read these instructions carefully to properly complete this form. If you need more space to complete an answer, use a separate sheet(s) of paper. Write your name and Alien Registration Number (A #), if you have one, at the top of each sheet(s) and indicate the number of the item that refers to your answer.

**The instructions on this form are organized as follows:**

**Section I - Applicant's Instructions - Pages 1-2.**

- What Is the Purpose of Form I-693?
- How Do I File Form I-693?
- How Do I Find a Designated Civil Surgeon?
- How Do I Fill Out My Portion of Form I-693?
- How Do I Submit Form I-693 to USCIS?

**Section II-Civil Surgeon's Instructions - Pages 2-4.**

- What Are My Responsibilities as a Civil Surgeon?
- How Do I Fill Out My Portion of Form I-693?
- How Do I Complete Form I-693 If I Need to Make a Referral?
- What Do I Do After the Medical Exam and Follow-Up (If Required) Are Completed?

**Section III - Frequently Asked Questions (FAQs) - Pages 4 - 6****Section IV- USCIS Information - Page 6.**

- How Do I Get Other Forms and Related Information?
- USCIS Processing Information.

The results of your medical examination are confidential and are used for immigration purposes only. When required to do so by law, the civil surgeon may share your results with public health authorities.

**NOTE:** If you are applying for adjustment of status at least one year after your first admission to the United States as a refugee or as a "K" or "V" nonimmigrant visa holder, see **Questions 1-3 in Section III, Frequently Asked Questions**, before proceeding any further.

**How Do I File Form I-693?**

A separate Form I-693 is required for **each** applicant. **There is no filing fee for this form.** Follow these steps:

**Step 1** - Carefully read all these instructions, including Section III, Frequently Asked Questions.

**Step 2** - Call a designated physician (also known as a civil surgeon) to make an appointment.

**Step 3** - Fill out **Part I** of the form. **Do not sign the form.**

**Step 4** - Attend your medical exam appointment and all follow-up exams, as may be required. Sign Form I-693 in front of the civil surgeon.

**Step 5** - Submit Form I-693 in the sealed envelope to USCIS according to the instructions on the Form I-485, Application to Register Permanent Residence or Adjust Status. USCIS will return the form to you and/or request another Form I-693 if it is not in an envelope or if the envelope has been opened or altered.

**Section I - Applicant's Instructions.****What Is the Purpose of Form I-693?**

Generally, all applicants filing for adjustment of status to that of a permanent resident must submit a Form I-693 completed by a designated civil surgeon. Form I-693 is used to report to U.S. Citizenship and Immigration Services (USCIS) results of a medical examination. The examination is required to establish that you are not inadmissible to the United States on public health grounds. A list of those health grounds can be found in section 212(a)(1) of the Immigration and Nationality Act. The list is also available in **Question 7** of Section III, Frequently Asked Questions.

**Notice.**

USCIS wants to make sure that you receive a correct decision on your application for the requested immigration benefit. To do this, we may ask for more evidence, interview you or the civil surgeon performing the medical exam, or conduct an inquiry. **If either party gives false documents, misrepresents facts or otherwise engages in fraud, appropriate action will be taken.** This means that USCIS will not only deny the benefit application, you may also lose current and future immigration benefits and the physician's civil surgeon designation will be revoked. In addition, all parties may face criminal and/or civil prosecution leading to fines and/or imprisonment.

**NOTE:** The civil surgeon will ask you to verify your identity. Take a Government issued photo I.D. to your appointment. (Example: your valid unexpired passport or driver's license.) For applicants under 14 years, USCIS will accept other proof of identity that shows name, date and place of birth, parents' full names and any other identifying information about the applicant. Acceptable documents include birth certificates (with translations if necessary) or affidavits. Also take any vaccination records you may have to the appointment.

## How Do I Find a Designated Civil Surgeon in the Area Where I Live?

To find a designated civil surgeon in your area, you can call the USCIS National Customer Service Center (NCSC) at **1-800-375-5283** and follow the instructions in the automated menu. Service is available in English and Spanish. A list of the designated civil surgeons in your area can also be generated by going to the Civil Surgeon page from the USCIS website at **www.uscis.gov** and clicking on the Civil Surgeon Locator link.

## How Do I Fill Out My Portion of Form I-693?

**Use black ink only.** Type or print clearly. If an item does not apply to you, write "N/A" unless the specific instruction states otherwise.

**You should fill out only Part 1.** The civil surgeon and any other doctors, clinics or health departments receiving a referral are required to complete **Parts 2** through **6**.

- **Part 1 - Information about you** - Fill this part out **before** your medical exam appointment.
  - **Family name** (Last Name) - Use your legal name. If you have two last names, include both and use a hyphen (-) between the names, if appropriate.
  - **Home address** - Give your physical street address. This must include a street number and name or a rural route number. Do not put a post office box (P.O. Box) number here.
  - **Date of birth** - Use eight numbers to show your date of birth (example: May 1, 1979, should be written 05/01/1979).
  - **Country of birth** - Give the name of the country where you were born.

- **A #** - This is your alien registration file number. If you are not sure if you have one, look at any letters or notices you have received from the Department of Homeland Security (DHS). Look for a number that begins with a letter "A" and is followed by 8 or 9 numbers. (example: A 000 000 000). If you do not have one or if you cannot remember what it is, leave this space blank.
- **U.S. Social Security #** - If you do not have a U.S. Social Security number, leave this blank.
- **Certification** - Do not sign here until the civil surgeon tells you to do so.

## How Do I Submit Form I-693 to USCIS?

- **The civil surgeon is required to give you the completed Form I-693 in a sealed envelope.** Do not accept the form from the civil surgeon if it is not in a sealed envelope. USCIS will return the form to you if it is not in an envelope or if the envelope has been opened or altered.
- **Adjustment of status applicants:** If you are applying for adjustment of status, submit Form I-693 according to the instructions on Form I-485, Application to Register for Permanent Residence or Adjust Status.
- **Other applicants:** Follow the instructions on or included with the application form or the instructions given to you by the office requesting the medical exam.

## Section II - Civil Surgeon's Instructions.

### What Are My Responsibilities as a Designated Civil Surgeon?

- **Truthfully and Accurately Report the Results.** You are responsible for reporting the results of the medical exam and all laboratory reports on the Form I-693 where indicated, and for signing the civil surgeon's certification provided on the form. In this regard, you must take reasonable steps to ensure that the person appearing for the medical exam is the same person applying for the requested immigration benefit. All applicants must present a valid government issued photo identification. The law imposes severe penalties for knowingly and willfully falsifying or concealing a material fact or using any false documents in connection with this medical exam.

- **Follow HHS Guidelines.** USCIS has designated you as a civil surgeon with the understanding that you will perform the medical exam according to U.S. Department of Health and Human Services' regulations. These regulations include the specific guidelines found in the Technical Instructions for the Medical Examination of Aliens in the United States (Technical Instructions), published by the Centers for Disease Control and Prevention (CDC) in Atlanta, Georgia. The Technical Instructions are available on the CDC's website at <http://www.cdc.gov/ncidod/dq/civil.htm>. CDC also posts periodic updates to the Technical Instructions at <http://www.cdc.gov/ncidod/dq/updates.htm>.
- **Give Pre-Test and Post-Test Counseling for HIV/AIDS.** All civil surgeons must give pre-test and post-test counseling to any applicant who is tested for HIV. The pre-test counseling must include an explanation of the purpose of the test and basic information about HIV. Civil surgeons must also provide post-test counseling to all applicants who test HIV positive. You must provide information to the applicant about the test results, the prognosis, the ways the applicant can protect himself or herself from opportunistic infections, the ways the applicant can protect others from HIV transmission, and about referrals for counseling and early medical intervention. You will find specific instructions about these pre-test and post-test requirements in CDC's Technical Instructions.
- **Make Referrals and File Case Reports, as Required.** According to CDC's Technical Instructions, you are required to:
  - **Refer** the applicant to the local health department if the chest X-ray or skin test suggests TB or other circumstances as described in CDC's Technical Instructions. **NOTE:** CDC also recommends referral to the local health department when the chest X-ray is normal or not suggestive of TB, but the applicant has a TST reaction of  $\geq 10$  mm in order to evaluate the possible need for preventive therapy.
  - **Ensure** that any applicant diagnosed with syphilis is treated with the standard treatment regimen described in CDC's Technical Instructions.
  - **Ensure** that testing and therapy are given for diagnoses of chancroid, gonorrhea, granuloma inguinale or lymphogranuloma venereum.
  - **Refer** the applicant to a Hansen's disease specialist for evaluation to confirm a suspected diagnosis of Hansen's disease (leprosy).

- **File** a case report with the appropriate public health authorities if: **(1)** the applicant tests positive for HIV infection; and/or **(2)** a case report is required by local laws or regulations. You must also advise the applicant that a case report is being filed.

## How Do I Fill Out My Portion of This Form?

The applicant fills out **Part 1** of Form I-693 before the medical exam appointment. You, the civil surgeon, are responsible for ensuring the remaining parts are completed and signed, as follows.

- **Part 2 - Medical exam.** You must fill out this part and provide the results of each component of the medical exam relating to: communicable disease of public health significance, vaccinations, physical or mental disorder with associated harmful behavior, and substance or drug abuse/substance or drug addiction. In **Part 2**, you must also include the results of any lab work or other studies required to determine whether the applicant is inadmissible on health grounds. You must instruct applicants who have had a tuberculin skin test (TST) to return to your office within 48-72 hours to have the TST read.
- **Part 3 - Referral to Health Department or Other Doctor/Facility.** If you refer the applicant to a local health department or to another physician or clinic, you must also fill out **Part 3**. **Also see Part 5.**
- **Part 4 - Physician or Health Department Receiving the Referral.** If you refer the applicant for further tests or evaluation, the health care professional receiving the referral must fill out and sign **Part 4**.
- **Part 5 - Civil Surgeon's Certification.** You must sign the certification after the initial medical exam and all referrals/follow-up examinations (if required) have been completed. **Note:** For referrals, complete the identifying information in this part. **Do not sign and date** this part until the referral/follow-up evaluation (if required) has been completed and the applicant has been medically cleared.
- **Part 6 - Health Department Identifying Information.** If you are a state or local health department that is completing the vaccination record on behalf of a refugee, you must complete this part.

## How Do I Complete Form I-693 If I Need to Make a Referral?

Advise the applicant that the appropriate follow-up must be obtained before medical clearance can be granted. In **Part 3**, include the name, address and telephone number of the onward physician or public health service facility that will conduct further evaluation or provide treatment. Specify the type of examination and additional tests or treatment the applicant should receive. Complete the identifying information in **Part 5**, but **do not sign or date**. Make a copy of the Form I-693 for your records and give the original form to the applicant in a sealed envelope.

## What Do I Do After the Medical Exam and Follow-Up (If Required) Are Completed?

**You and the applicant should sign your respective certifications.** After the medical exam (and any follow-up if required) is complete write the results in **Part 2** of the Form I-693 as they relate to the specific component of the medical exam. The applicant should sign the certification in **Part 1** and you should sign the civil surgeon's certification in **Part 5**. All signatures on the form must be originals (no stamps or facsimiles). **Do not sign the form or have the applicant sign the form** until the applicant has met all health follow-up requirements.

**Give the results to the applicant.** Give the completed Form I-693 to the applicant in a sealed envelope. On the front of the envelope write in capital letters: "**DO NOT OPEN. FOR USCIS USE ONLY.**" On the back of the envelope, write your initials across the line where the flap of the envelope and the envelope meet. Then, with clear cellophane tape, place the tape with half on the flap of the envelope and half on the envelope across the envelope's entire width (and across your initials). USCIS will not accept Form I-693 if it is not in a sealed envelope or if the envelope is altered in any way. Also, you should keep a copy of the I-693 for your records.

**Return all supporting medical documents to the applicant and give them a copy of the vaccination record.** Return all supporting medical documents, including chest X-rays (if obtained), directly to the applicant. In addition, give the applicant a copy of the completed vaccination record in **Section 2**. This supplement will serve as the applicant's official vaccination record and may be retained by the applicant for future use in establishing compliance with vaccination requirements. (Example: school, day care, employment, etc.)

## Section III - Frequently Asked Questions.

### 1. What if I am a refugee and already had a medical exam overseas?

If you were admitted to the United States as a refugee and are now applying for adjustment of status one year following your first admission, you do not need to repeat the entire medical exam you had overseas, unless a Class A medical condition was found during that exam.

If a complete medical exam is not required, you only need to comply with the vaccination requirements. This means you only need to complete the vaccination section of Part 2, not the entire Form I-693. Contact your state or local refugee health coordinator to find out whether it may be possible for you to have the vaccination portion of Form I-693 completed by a state or local health department.

### 2. What if I am a K nonimmigrant visa holder and already had a medical exam overseas?

If you were admitted as a:

- K-1 fiancé(e) or a K-2 child of a K-1 fiancé(e), or as a
- K-3 spouse of a U.S. citizen or a K-4 child of a K-3 spouse of a U.S. citizen, and
- You received a medical examination prior to admission, then-

### 3. What if I am a V nonimmigrant visa holder and already had a medical exam overseas?

If you were admitted to the United States or obtained status while in the United States as a:

- V-1 spouse of a permanent resident or awaiting a V-1 visa, or as a
- V-2 child of a V-1 spouse of a permanent resident, or as a
- V-3 child of a V-2 unmarried son or daughter of a V-1 spouse of a permanent resident, and
- You received a medical examination prior to admission or obtaining V status, then-

You are not required to have another medical examination as long as your Form I-485, Application to Register Permanent Residence or Adjust Status, is filed within one year of your overseas medical examination.

You will, however, be required to submit the vaccination record with your adjustment of status application if the vaccination record was not completed prior to admission to the United States. A designated civil surgeon must complete the vaccination section.

#### 4. May any doctor do the required medical exam?

Only a doctor who has been specially designated by USCIS as a civil surgeon may do the medical exam. USCIS will not accept a Form I-693 completed by a doctor who is not a currently designated civil surgeon.

#### 5. How do I know whether a doctor is a designated civil surgeon?

You can obtain a list of the designated civil surgeons by calling the USCIS National Customer Service Center at **1-800-375-5283**, visiting the Civil Surgeon page from the USCIS website at **www.uscis.gov** and clicking on the Civil Surgeon Locator link, or by visiting your local USCIS office.

**NOTE:** If you choose to visit your local USCIS office, you must first get an InfoPass appointment. For information on InfoPass, visit the USCIS website at **www.uscis.gov**.

#### 6. Who pays for the medical exam?

You, the applicant, are responsible for paying all costs of the medical exam, including the cost of any follow up tests or treatment that may be required. Payments are made directly to the civil surgeon or other health care facility.

#### 7. What are the medical grounds of inadmissibility?

The medical grounds of inadmissibility under the U.S. immigration laws are divided into four categories - communicable diseases of public health significance, lack of required vaccinations, physical or mental disorders with harmful behavior and drug abuse/drug addiction. The civil surgeon is required to do a general physical exam and specific evaluations, as described below.

##### Communicable Diseases of Public Health Significance.

The civil surgeon is required to do specific tests for TB, syphilis, and human immunodeficiency virus (HIV) infection.

| To test for:             | Then:   |
|--------------------------|---|
| <b>Tuberculosis (TB)</b> | All applicants six months of age and older are required to have a tuberculin skin test (TST) given by the Mantoux technique. <b>(Civil surgeons may require an applicant younger than six months to undergo a TST if there is a history of contact with a household member who has been diagnosed with TB disease, or other reason to suspect TB disease.)</b> After the skin test, you, the applicant, will need to return to the civil surgeon within 48 to 72 hours to have the results read. If you have a reaction of four millimeters or less, generally you will not need any further tests for TB. A chest X-ray is required when the reaction to the TST is five millimeters or more. The civil surgeon will explain the medical requirements to you in more detail. |
| <b>Syphilis</b>          | All applicants age 15 and older must have a blood test for syphilis. Civil surgeons may require applicants under age 15 to be tested if there is reason to suspect the possibility of infection.  |
| <b>HIV</b>               | All applicants age 15 or older must have a blood test for HIV. Civil surgeons can require applicants under age 15 to be tested for HIV if there is reason to suspect the possibility of infection. Civil surgeons are required to provide pre-test counseling to all applicants who take the HIV test. Civil surgeons are also required to provide post-test counseling to any applicant who tests positive for HIV.  |

If you are found to have a communicable disease of public health significance, the civil surgeon will advise you how to obtain any necessary treatment. It also may be necessary for you to apply for a waiver of inadmissibility. USCIS will advise you if this is necessary. To obtain more information about this waiver, visit the USCIS website at **www.uscis.gov**.

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## Vaccination Requirements.

All applicants for adjustment of status must present documents showing they have been vaccinated against a broad range of vaccine-preventable diseases. The civil surgeon will review your vaccination history with you to determine whether you have all the required vaccinations. Make sure you take your vaccination records with you to your appointment with the civil surgeon.

**NOTE:** Please do not attempt to meet the requirements before you are evaluated by the civil surgeon, in case it is not medically appropriate for you to have one or more of the required vaccines.

By law, the required vaccines include: mumps, measles, rubella, polio, tetanus and diphtheria toxoids, pertussis, influenza, hepatitis B, and any other vaccinations recommended by the Advisory Committee for Immunization Practices (ACIP).

If you never received or are unable to prove you received certain vaccines, the civil surgeon can administer them to you. You also have the option of asking your family doctor to administer those vaccines to you and showing the records to the civil surgeon to note on Form I-693.

If you initially did not have documents proving you received all the required vaccines but later submit those documents, or if the civil surgeon certifies that it is not medically appropriate for you to have one or more of the missing vaccine(s), USCIS may grant you a waiver based on the civil surgeon's certification on the vaccination supplement.

HHS has determined that a vaccine is "not medically appropriate" if: **(a)** the vaccine is not recommended for your specific age group; **(b)** there is a medical reason why it would not be safe to have the vaccine (for example, allergies to eggs and yeast; pregnancy; hypersensitivity to prior vaccines; or other medical reasons); or **(c)** you are unable to complete the entire series of a required vaccine within a reasonable amount of time.

If you object to receiving the recommended vaccinations because of your sincerely held religious beliefs or moral convictions, you may apply for a waiver of these requirements. If you hold these objections, inform the civil surgeon that you will apply for a waiver. If the waiver application is denied, you may be ineligible for the immigration benefit that you are seeking. To obtain more information about these waivers, visit the USCIS website at [www.uscis.gov](http://www.uscis.gov).

## Physical or Mental Disorders.

### *Are all physical or mental disorders considered health-related grounds of inadmissibility?*

No. The emphasis is more on the behavior associated with the physical or mental disorder, instead of the physical or mental disorder itself. This means that the civil surgeon must determine that there is behavior associated with the disorder that is harmful either to you, to others or to property. If you have had a history of a physical or a mental disorder, there must be associated harmful behavior that is likely to recur in order for you to be considered inadmissible.

The civil surgeon will ask you general questions during the medical exam to determine whether you have such a condition. Depending on the outcome of the initial exam, the civil surgeon may find it necessary to refer you to a specialist for further testing.

If the civil surgeon finds that you have a physical or mental disorder with associated harmful behavior, you may apply for a waiver according to the terms, conditions and controls determined necessary by USCIS in consultation with HHS. To obtain more information about these waivers, visit the USCIS website at [www.uscis.gov](http://www.uscis.gov).

## Drug Addiction/Drug Abuse.

### *What are the guidelines for determining whether someone is a drug abuser/drug addict?*

The civil surgeon will review your medical history during the medical exam and ask you questions necessary to determine whether you are currently using or have used in the past any drugs or other psychoactive substances. The medical guidelines of determining drug abuse and drug addiction are determined by HHS.

If the civil surgeon determines you have a medical condition of drug addiction/abuse, you are **not** eligible to apply for a waiver **unless** you are applying for adjustment of status one year after you were admitted as a refugee, or you are applying for adjustment of status one year after you were granted asylum. If you are ineligible to apply for a waiver, but are later found by the civil surgeon to be in remission from the drug abuse or drug addiction (as determined by HHS), you may proceed with your adjustment of status application, if eligible.

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## Section IV - USCIS Information.

### How to Get USCIS Forms and Related Information.

To request USCIS forms, call our toll-free forms line at **1-800-870-3676**. You may also obtain USCIS forms and information about immigration laws and regulations, policy and procedures by calling our National Customer Service Center at **1-800-375-5283** or visiting USCIS internet website at **www.uscis.gov**.

**Address Changes.** If you change your address, you must fill out and give us a Form AR-11, Alien's Change of Address Card. Mail the completed form to:

**U.S. Citizenship and Immigration Services  
Change of Address  
P.O. Box 7134  
London, KY 40742-7134**

For commercial overnight or fast freight services only, mail to:

**U.S. Citizenship and Immigration Services  
Change of Address  
1084-I South Laurel Road  
London, KY 40744**

**Visiting a USCIS Office in Person - InfoPass.** To visit a USCIS office in person you must first have an appointment. **InfoPass** is an internet-based system that allows you to make an appointment to talk to an Immigration Information Officer in person. To access **InfoPass**, log onto the internet website at **www.uscis.gov**.

### Processing Information.

**Privacy Act Notice:** The authority for collection of the information requested on this form is contained in 8 U.S.C. 1182, 1183A, 1184(a), 1252, 1255 and 1258. The information collected on this form will be used to determine whether you are inadmissible on health grounds. Failure by the civil surgeon or by you, the applicant being examined, to provide all of the requested information may result in the delay of the final decision, or in denial of the requested immigration benefit. The information contained in this form may be provided to other government agencies (federal, state and/or local).

**Reporting Burden:** A person is not required to respond to a collection of information unless it displays a currently valid OMB control number.

We try to create forms and instructions that are accurate, can be easily understood and impose the least possible burden on applicants to provide us with information.

Accordingly, the reporting burden for this collection of information is computed as follows: (1) learning about the form, 30 minutes; (2) making an appointment with a civil surgeon for a medical exam, 15 minutes; (3) taking the medical exam, 1 hour; (4) reading the results of the tuberculin skin test (TST) (which requires a second appointment with the civil surgeon), 30 minutes; (5) reporting the results of the medical exam on the form, 10 minutes; and (6) submitting the medical exam report to USCIS, 5 minutes, for an estimated average of 2 hours, 30 minutes per response.

If you have comments about this estimate or suggestions for simplifying this form, write to: U.S. Citizenship and Immigration Services, Regulatory Management Division, 111 Massachusetts Avenue N.W. , 3rd Floor, Suite 3008 Washington, DC 20529, OMB No. 1615-0033.

**Do not mail your completed form to this Washington, D.C. address.**

Department of Homeland Security  
U.S. Citizenship and Immigration Services

# I-693, Report of Medical Examination and Vaccination Record

**START HERE - Please type or print in CAPITAL letters. Use black ink.**

**Part 1. Information about you.** *(The person requesting a medical examination or vaccinations must complete this part.)*

|                                      |                                    |   |
|--------------------------------------|------------------------------------|---|
| Family Name (Last Name)              | Given Name (First Name)            | Full Middle Name  |
| <input type="text"/>                 | <input type="text"/>               | <input type="text"/>  |
| Home Address: Street Number and Name | Apt. #                             | Gender:   |
| <input type="text"/>                 | <input type="text"/>               | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| City                                 | State                              | Zip Code  |
| <input type="text"/>                 | <input type="text"/>               | <input type="text"/>  |
|                                      |                                    | Phone Number (Include Area Code)                              |
|                                      |                                    | ( <input type="text"/> ) <input type="text"/>                 |
| Date of Birth (mm/dd/yyyy)           | Place of Birth (City/Town/Village) | Country of Birth  |
| <input type="text"/>                 | <input type="text"/>               | <input type="text"/>  |
|                                      |                                    | A # (if any)  |
|                                      |                                    | <input type="text"/>  |
|                                      |                                    | U.S. Social Security # (if any)                               |
|                                      |                                    | <input type="text"/>  |

**Applicant's Certification - Do not sign or date this form until instructed to do so by the civil surgeon.**

I certify under perjury under United States law that I am the person who is identified in **Part 1** of this Form I-693, Report of Medical Examination and Vaccination Record, and that the information in **Part 1** of this Form is true to the best of my knowledge. I understand the purpose of this medical exam and I authorize the required tests and procedures to be completed. If it is determined that I willfully misrepresented a material fact or provided false/alterd information or documents with regard to my medical exam, I understand that any immigration benefit I derived from this medical exam may be revoked, that I may be removed from the United States, and that I may be subject to civil or criminal penalties.

**Signature**

**Date (mm/dd/yyyy)**

**Part 2. Medical examination.** *(The civil surgeon completes this part.)*

**1. Examination.**

**Date of First Examination**

**Date(s) of Follow-up Examination(s) if Required:**

Date of Exam

Date of Exam

Date of Exam

**Summary of Overall Findings:**

☐ No Class A or Class B Condition ☐ Class A Conditions (see **2** through **5** below) ☐ Class B Conditions (see **2** through **6** below)

**2. Communicable Diseases of Public Health Significance.**

**A. Tuberculosis (TB)**

☐ Tuberculin Skin Test (TST) (Required for applicants 6 months of age and older)

Date TST Applied

Date TST Read

Size of Reaction (mm)

☐ Chest X-Ray - Required **ONLY** for TST reactions of  $\geq 5$ mm or an applicant with TB symptoms or immunosuppression (e.g. HIV.)  
**Attach copy of X-Ray Report.**

Date Chest X-Ray Taken

Date Chest X-Ray Read

Results

☐ Normal

☐ Abnormal (Describe results in remarks.)

**Findings:**

☐ No Class A or Class B TB

☐ TB, active noninfectious, Class B1

☐ TB, latent infection, Class B

☐ TB, active infectious, Class A

☐ TB, inactive, Class B2

☐ Other (non-TB) condition noted on chest x-ray that needs follow up, Class B other

**Remarks:** (Include any signs or symptoms of TB, additional tests, and therapy given, with stop and start dates and any changes.)

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**Part 2. Medical examination.** (Continued.)

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**B. Syphilis.**

- ☐
- Serologic Test for Syphilis (Required for applicants 15 years and older)

Date Screening Run

- ☐
- Screening Nonreactive

- ☐
- Screening Reactive, Titer 1:

If Reactive, Date Confirmation Run

- ☐
- Confirmation Nonreactive

- ☐
- Confirmation Reactive

**Findings:**

- ☐
- No Class A or Class
- 
- B Syphilis

- ☐
- Syphilis, Class A
- 
- (untreated)

- ☐
- Syphilis, Class B (with residual
- 
- deficit, treated in the past year)

**Remarks:** (Include any therapy given with doses and dates.)

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**C. HIV/AIDS.**

- ☐
- Serologic Test for HIV Antibody (Required for applicants 15 years and older)

Date Screening Run

If Positive or Indeterminate, Date  
Confirmation Run

- ☐
- Screening Negative

- ☐
- Screening Positive

- ☐
- Screening Indeterminate

- ☐
- Confirmation Negative

- ☐
- Confirmation Positive

**Findings:**

- ☐
- No Class A HIV

- ☐
- HIV, Class A

**Remarks:** (Include any signs or symptoms of HIV infection, therapy given and any counseling or referrals.)

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**D. Other Class A/Class B Conditions for Communicable Diseases of Public Health Significance.****Findings:**

- ☐
- Chancroid, Class A

- ☐
- Gonorrhea, Class A

- ☐
- Hansen's Disease (Leprosy, Infectious), Class A

- ☐
- Granuloma Inguinale, Class A

- ☐
- Lymphogranuloma Venereum, Class A

- ☐
- Hansen's Disease (Leprosy, Noninfectious, Class B)

**Remarks:** (Include any therapy given and any counseling or referrals.)

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**3. Physical or Mental Disorders With Associated Harmful Behavior.**

- ☐
- Physical/Mental Disorder, With Associated Harmful Behavior, Class A

- ☐
- Physical/Mental Disorder, Without Associated Harmful Behavior, Class B

**Remarks:** (Include diagnosis, with likelihood of harmful behavior to recur, therapy given and any counseling or referrals.)

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**4. Drug Abuse/Drug Addiction.**

- ☐
- Substance (Drug) Use, Listed in Section 202 of Controlled Substance Act, Class A

- ☐
- Substance (Drug) Use, Not Listed in Section 202 of Controlled Substance Act, But With Associated Harmful Behavior, Class A

- ☐
- Prior Substance (Drug) Use in Remission, Class B

**Remarks:** (Include any therapy given, rehabilitation, counseling or referrals.)

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**Part 2. Medical examination. (Continued.)****5. Vaccinations.**

| Vaccine History Transferred From a Written Record |                             |                             |                             | Vaccine Given                                | Completed Series  | Waiver(s) to Be Requested From USCIS |                   |                            |                |
|---|-----------------------------|-----------------------------|-----------------------------|--|---|--------------------------------------|-------------------|----------------------------|----------------|
| Vaccine   | Date Received<br>mm/dd/yyyy | Date Received<br>mm/dd/yyyy | Date Received<br>mm/dd/yyyy | Date Given<br>by Civil Surgeon<br>mm/dd/yyyy | Mark an X if completed; write date of lab test if immune or "VH" if varicella history | Blanket                              |                   |                            |                |
|   |                             |                             |                             |  |   | Not Medically Appropriate            |                   |                            |                |
|   |                             |                             |                             |  |   | Not Age Appropriate                  | Contra-indication | Insufficient Time Interval | Not Flu Season |
| DT/DTP  |                             |                             |                             |  |   |                                      |                   |                            |                |
| Td  |                             |                             |                             |  |   |                                      |                   |                            |                |
| Polio (OPV/IPV)                                   |                             |                             |                             |  |   |                                      |                   |                            |                |
| Measles (or MR or MMR)                            |                             |                             |                             |  |   |                                      |                   |                            |                |
| Mumps (or MMR)                                    |                             |                             |                             |  |   |                                      |                   |                            |                |
| Rubella (or MR or MMR)                            |                             |                             |                             |  |   |                                      |                   |                            |                |
| Hib   |                             |                             |                             |  |   |                                      |                   |                            |                |
| Hepatitis B                                       |                             |                             |                             |  |   |                                      |                   |                            |                |
| Varicella   |                             |                             |                             |  |   |                                      |                   |                            |                |
| Pneumococcal                                      |                             |                             |                             |  |   |                                      |                   |                            |                |
| Influenza   |                             |                             |                             |  |   |                                      |                   |                            |                |
|   |                             |                             |                             |  |   |                                      |                   |                            |                |
|   |                             |                             |                             |  |   |                                      |                   |                            |                |

Give Copy to Applicant

- Results: ☐ Applicant may be eligible for blanket waiver(s) as indicated above.  
☐ Applicant will request an individual waiver based on religious or moral convictions.  
☐ Vaccine history complete for each vaccine, all requirements met.  
☐ Applicant does not meet immunization requirements.

**6. List other medical conditions, Class B other (e.g. hypertension, diabetes).****Part 3. Referral to health department or other doctor/facility. (To be completed by Civil Surgeon, if referral was made.)**

Type or Print Name of Doctor or Health Department

Date of Referral (mm/dd/yyyy)

Address: (Street Number and Name, City, State and Zip Code)

Daytime Phone Number (Include Area Code)

Remarks: (Include name of medical condition and reasons for referral.)

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**Part 4. To be completed by physician or health department performing referral evaluation.**

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The applicant identified on this form was referred to me by the civil surgeon named in **Part 5** of this form. I have provided appropriate evaluation/treatment.

**Type or Print Full Name of Evaluating Physician or Health Department**

**Signature**

**Address:** (Street Number and Name, City, State and Zip Code)

**Date** (mm/dd/yyyy)

**Name of Medical Practice or Health Department**

**Daytime Phone Number** (Include Area Code)

**Remarks:** (Attach a separate sheet of paper, if needed.)

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**Part 5. Civil surgeon's certification.** (Do not sign form or have the applicant sign in Part 1 until all health follow-up requirements have been met.)

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I certify under penalty of perjury under United States law that: I am a civil surgeon in current status designated to examine applicants seeking certain immigration benefits in the United States; I have a currently valid and unrestricted license to practice medicine in the state where I am performing medical examinations; I performed this examination of the person identified in **Part 1** of this Form I-693, after having made every reasonable effort to verify that person whom I examined is the person identified in **Part 1**; that I performed the examination in accordance with the Centers for Disease Control's Technical Instructions, and all supplemental information or updates provided to me; and that all information provided by me on this Form and the accompanying vaccination supplement is true and correct to the best of my information, knowledge and belief.

**Type or Print Full Name** (First, Middle, Last)

**Signature**

**Address:** (Street Number and Name, City, State and Zip Code)

**Date** (mm/dd/yyyy)

**Name of Medical Practice or Health Department**

**Daytime Phone Number** (Include Area Code)

**Civil Surgeon ID #**

**E-Mail Address**

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**Part 6. Health department identifying information.** (If completed by state or local health department on behalf of a refugee, place a stamp or seal where indicated)

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**Type or Print Name**

**Signature**

(Place State or local health department stamp/seal below.)

**Date** (mm/dd/yyyy)

**Daytime Phone Number** (Include Area Code)