TABLE OF CHANGES – FORM FORM I-693 Submission Date: April 27, 2011

LOCATION	CURRENT VERSION	PROPOSED VERSION
I-693, page 1, part 1 title	Part 1. Information About You (The	Part 1. Information About You (<i>To be</i>
	person requesting a medical examination	<mark>completed by the person requesting a</mark>
	or vaccinations must complete this part)	medical examination, <u>not</u> the civil
I (0) 1 + 1		surgeon)
I-693 , page 1, part 1	[Applicant's Certification signature	[Add a text field next to signature box, entitled " To be completed by civil
	fields]	surgeon: Form of applicant ID presented
		(e.g., passport, driver's license)"]. Near
		that new box, add text field, entitled " ID
		Number (<i>if any</i>)"]
I-693 , page 1, part 2 title	Part 2. Medical Examination (<i>The civil</i>	Part 2. Summary of Medical
	surgeon completes this part)	Examination (<i>To be completed by the</i>
		civil surgeon)
I-693 , page 1, part 2	1. Examination	[delete]
(Medical Examination)	[Boxes for Dates of Medical Exams are	[Move boxes for Dates of Medical Exams
	above the Summary of Overall Findings]	below the Summary of Overall Findings]
	[Check boxes for Summary of Overall	[Revise accordingly:
	Findings:	
	No Class A or Class B Condition	Class A Conditions (see Civil Summer
	Class A Conditions (see 2 through 5 below)	<u>Class A Conditions (see Civil Surgeon</u> Worksheet, sections 1-3)
	Class B Conditions (see 2 through 6	Class B Conditions (see Civil Surgeon
	below)]	Worksheet, sections 1-4)
		Also, line up the above two check boxes
		so the remaining check box stands out to
		the left]
I-693 , page 1, part 2.2	[Section: 2. Communicable Diseases of	[Replace this section on page 1 with "Part
	Public Health Significance]	3. Civil Surgeon's Certification" – use
		title language from Part 5 of the current I-
		693, on top of page 6]
	[From current I-693, in Part 5:] I certify	I certify under penalty of perjury under
	under penalty of perjury under United States law that: I am a civil surgeon in	United States law that: I am a civil surgeon designated to examine applicants
	current status designated to examine	seeking certain immigration benefits in the
	applicants seeking certain immigration	U.S. OR a physician who qualifies under a
	benefits in the United States; I have a	blanket designation specified by policy or
	currently valid and unrestricted license to	law; I have a currently valid and
	practice medicine in the state where I am	unrestricted license to practice medicine in
	performing medical examinations; I	the state where I am performing medical
	performed this examination of the person	examinations unless exempted from this
	identified in Part 1 of this Form I-693,	requirement; I performed this examination
	after having made every reasonable	of the person identified in Part 1 of this

LOCATION	CURRENT VERSION	PROPOSED VERSION
	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 and Prevention's <i>Technical</i> <i>Instructions</i> , and all supplemental information or updates; and that all information provided by me on this form is true and correct to the best of my knowledge, and belief.	Form I-693, after having made every reasonable effort to verify that the person whom I examined is in fact the person identified in Part 1; that I performed the examination in accordance with the Centers for Disease Control and Prevention's Technical Instructions, and all supplemental information or updates; and that all information provided by me on this form is true and correct to the best of my knowledge, and belief. [Also make this font size smaller, to match the applicant's certification in Part 1]
	[From current I-693, in Part 5 – data fields for civil surgeon's identifying information]	 [1. Shorten the text field for "Name of Medical Practice or Health Department" to same length as the above "Address" field 2. Edit text "Daytime Phone # (Include Area Code) no dashes or ()" to read "E-
		 Mail/Daytime Phone # (Include Area Code) no dashes or ()" 3. Delete "E-Mail Address" and its text field 4. Maya "Signature" and "Date" and their
		 4. Move "Signature" and "Date" and their text fields down, so they are immediately to the right of "Name of Medical Practice" and "Daytime Phone #" 5. In the new space to the right of "Tupe or space
		5. In the new space to the right of "Type or Print Full Name" and "Address," insert the text "(<i>For Health Departments Only:</i> <i>Place official stamp or seal here</i>)" – center this new text vertically and horizontally in the empty space.]
I-693 , page 2	N/A	[At top of page, add text fields for " Name of Applicant" and "A-Number (<i>if any</i>)"]
	N/A	[Insert new title at top of page 2: "Civil Surgeon Worksheet"]
	N/A	[Insert text under title: "(To be completed by the civil surgeon, according to the Technical Instructions at http://www.cdc.gov/immigrantrefugeehealt h/exams/ti/civil/technical-instructions- civil-surgeons.html)"]
	Part 2. Communicable Diseases of Public Health Significance (Cont'd)	 Communicable Diseases of Public Health Significance

LOCATION	CURRENT VERSION	PROPOSED VERSION
	[From Part 2.2A on page 1 of current I- 693:] An initial screening test, either a Tuberculin Skin Test (TST) or an Interferon Gamma Release Assay (IGRA) is required for all applicants 2 years of age and older; for children under 2 years of age, see <i>Technical Instructions</i> at http://cdc.gov/ncidod/dq/civil.htm. The civil surgeon should perform one type of initial screening test only, followed by further evaluation, if needed (short Y mat)	[Move beginning of Part 2.2A from bottom of page 1 of current I-693 to top of page 2 so that the entire section A is on page 2] An initial screening test, either a Tuberculin Skin Test (TST) or an Interferon Gamma Release Assay (IGRA) is required for all applicants 2 years of age and older; for children under 2 years of age, see <i>Technical Instructions</i> . The civil surgeon should perform one type of initial screening test only , followed by further evaluation, if needed (chest X-ray). Delete parts
I-693 , page 2	(chest X-ray). [From Part 2.2A on page 1 of current I- 693 under Tuberculin Skin Test section:] "Not administered (TST exception applies)"	Not administered (TST exception applies; please explain in Remarks section below)
	[From Part 2.2A on page 1 of current I- 693 under Interferon Gamma Release Assay section:] 2. Interferon Gamma Release Assay (IGRA) (for acceptable IGRAs consult the Technical Instructions and any updates posted on CDC's Web site at http://www.cdc.gov/ncidod/dq/civil.ht	 2. Interferon Gamma Release Assay (IGRA) (for acceptable IGRAs consult the Technical Instructions and any updates posted on CDC's Web site): Not administered (IGRA exception applies; please explain in Remarks section below)
	m): Not administered (IGRA exception applies)	[Also, please make font size the same size as TST exception text referenced above]
	[In current I-693, Part 2.2A is split on pages 1-2]	 [Once Part 2.2A is combined onto one page, please reconfigure boxes in IGRA section so it <u>mirrors</u> the TST section above it, for instance: Check box with text "Not administered" placed first on top Three long boxes for test details placed under check box, lined up in a row Under that, "Result:" and two check boxes lined up in a row for "Negative" and "Positive"]
	[In Part 2.2A on page 2 of current Form I-693 under Initial Screening Test Result section:]	[1. Add the number "3" to this section heading.2. Rearrange the checkboxes in this

LOCATION	CURRENT VERSION	PROPOSED VERSION
		section to line up in a row.
	Remarks: (Include any signs or symptoms of TB, additional tests, and therapy given, with stop and start dates and any changes.)	3. Revise the parenthetical for the last checkbox to read:] (<i>The civil surgeon must</i> <i>clearly specify the TST or IGRA exception</i> <i>in the</i> Remarks section <i>below</i>) Remarks: (<i>If needed, include any signs or</i> <i>symptoms of TB, additional tests, and</i> <i>therapy given, with stop and start dates</i> <i>and any changes. If tests were not</i>
	[Remarks box]	administered, give reason why exception applies) [Also, make font size larger to match the other numbered headings above.] [Make Remarks box much smaller, as
		needed to fit Part 2.2A onto one page]
I-693 , page 3	N/A	[At top of page, add text fields for "Name of Applicant" and "A-Number (<i>if any</i>)"]
	Part 2. Medical Examination	Civil Surgeon Worksheet (Continued)
	(Continued) 3. Physical or Mental Disorders With	2. Physical or Mental Disorders With
	Associated Harmful Behaviors	Associated Harmful Behaviors
	4. Drug Abuse/Drug Addiction	3. Drug Abuse/Drug Addiction
	**("Drug Abuse/Drug Addiction"	**("Drug Abuse/Drug Addiction"
	addresses non-medical use only with respect to substances listed in Schedule I, II, III, IV, or V under Section 202 of the Controlled Substances Act. Include here	addresses non-medical use only with respect to substances listed in Schedule I, II, III, IV, or V under Section 202 of the Controlled Substances Act. Include here
	any diagnosis of substance abuse/dependence based on DSM criteria	1
	for a substance listed in Schedule I, II, III, IV, or V of Section 202 of the	for a substance listed in Schedule I, II, III, IV, or V of Section 202 of the Controlled
	Controlled Substances Act. See CDC's	Substances Act. See CDC's Technical
	Technical Instructions posted on CDC's Web site at	Instructions for more information.)
	http://www.cdc.gov/immigrantrefugeehe alth/exams/ti/civil/technical-instructions- civil-surgeons.html.)	Delete parts
I-693 , page 4	N/A	At top of page, add text fields for "Name
, pugo 1		of Applicant" and "A-Number (if any)"]
	[vaccination chart]	[Move entire page 4 of current I-693 to page 5]
	Part 2. Medical Examination (Continued)	Civil Surgeon Worksheet (Continued)
I-693 , page 4 (taken from	6. List other medical conditions, Class	4. Other Medical Conditions (List any
current page 5)	B other (e.g., hypertension, diabetes)	other Class B conditions, e.g.,
		hypertension, diabetes.)
I-693 , page 4 (taken from	Part 3. Referral to Health Department	<mark>Part 3.</mark> 5. Referral to Health

LOCATION	CURRENT VERSION	PROPOSED VERSION
current page 5), part 3	Other Doctor/Facility (To be completed	Department or Other Doctor (<i>To be</i>
	by the civil surgeon, if referral was	completed by civil surgeon <mark>if referral was</mark>
	required and made)	medically required)
I-693 , page 4 (taken from	Part 4. To Be Completed by Physician	<mark>Part 4. 6</mark> . Referral Evaluation (<i>To be</i>
current page 5), part 4	or Health Department Performing	completed by the health department or
	Referral Evaluation	other doctor performing the referral
		evaluation)
	The applicant identified on this form was	The applicant identified on this form was
	referred to me by the civil surgeon	referred to me by the civil surgeon named
	named in Part 5 of this form	in Part 3 of this form
I-693 , page 5	N/A	[At top of page, add text fields for "Name
		of Applicant" and "A-Number (if any)"]
	Part 2. Medical Examination	Vaccination Record [centered in header]
	(Continued)	and underneath: "(See Technical
		Instructions at
		http://www.cdc.gov/immigrantrefugeehealt
		h/exams/ti/civil/vaccination-civil-
		technical-instructions.html for list of
		required vaccines)
I-693 , page 5 (taken from	5. Vaccinations (See <i>Technical</i>	Please make sure every row is marked.
current page 4)	Instructions at	Reserve all comments for the Remarks
	http://www.cdc.gov/ncidod/dq/civil.htm for list of required vaccines)	section below. Note: For purposes of the influenza vaccine, the flu season is
	for list of required vaccines)	October 1 through March 31. For certain
		applicants who only require a
		vaccination assessment: You need only
		submit this page with Page 1 of Form I-
		693. See Form Instructions – FAQ section
		for more information.
	[Applicant name and A-number text	[Replace applicant name and A-number
	fields on lower right side]	text fields with a set-off box that says
		inside: "FOR USCIS USE ONLY";
		inside that box, add words "Remarks (if
		any):"]

TABLE OF CHANGES – INSTRUCTIONS FORM I-693 Submission Date: April 22, 2011

LOCATION	CURRENT VERSION	PROPOSED VERSION
Form Instructions,	How Do I Find a Designated Civil	How Do I Find a Designated Civil
page 1, Section I.	Surgeon in the Area Where I Live?	Surgeon in the Area Where I Live?
Applicant's Instructions	0	
	To find a designated civil surgeon in	To find a designated civil surgeon in your
	your area, you can call the USCIS	area, you can call the USCIS National
	National Customer Service Center	Customer Service Center (NCSC) at 1-
	(NCSC) at 1-800-375-5283 and follow	800-375-5283 and follow the instructions
	the instructions in the automated menu.	in the automated menu. Service is
	Service is available in English and	available in English and Spanish. A list of
	Spanish. A list of the designated civil	the designated civil surgeons in your area
	surgeons in your area can also be	can also be generated by going to the civil
	generated by going to the civil surgeon	surgeon page from the USCIS Web site at
	page from the USCIS Web site at	www.uscis.gov and clicking on "Find a
	www.uscis.gov and clicking on the civil	Medical Doctor (Civil Surgeon)" under
	surgeon locator under "Immigration	Customer Tools: Before I File. the civil
	Medical Examinations" in the "Services	surgeon locator under "Immigration
	and Benefits" selection choice.	Medical Examinations" in the "Services
		and Benefits" selection choice.
Form Instructions,	How Do I Fill Out My Portion of Form	How Do I Fill Out My Portion of Form
page 1, Section I.	I-693?	I-693?
Applicant's Instructions	* * *	* * *
	2. You must fill out only Part 1. The	2. You must fill out only Part 1 and
	civil surgeon and any other doctors,	identifying information at the top of
	clinics, or health departments receiving a	each page. The civil surgeon and any
	referral are required to complete Parts 2	other doctors, clinics, or health
	through 6 .	departments receiving a referral are
	A. * * *	required to complete the remaining parts
		of the form. Parts 2 through 6.
	B. Family Name (Last Name) –	A. * * *
	Use your legal name. If you have	
	two last names, include both and	B. Identifying information at top
	use a hyphen (-) between the	of each page – Fill out your name
	names, if appropriate.	and A-number, if applicable, at the
	names, il appropriate.	top of each page of Form I-693.
		The civil surgeon will check that
		this information matches Part 1.
		C. Fourily Nome (Lest Nome)
		C. 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.
		[Re-letter list accordingly]

LOCATION	CURRENT VERSION	PROPOSED VERSION
Form Instructions , page 2, Section II. Civil	What are My Responsibilities as a Designated Civil Surgeon?	What are My Responsibilities as a Designated Civil Surgeon?
Surgeon's Instructions	1. Truthfully and Accurately Report the Results. You are responsible for reporting the results of the medical exam and all laboratory reports on Form I-693 where indicated, and for signing the civil surgeon's certification provided on the form.	1. Truthfully and Accurately Report the Results. You are responsible for reporting the results of the medical exam and all laboratory reports on 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.	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, and the civil surgeon must annotate in Part 1 the form of identification presented and ID number, if applicable. 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.
		The civil surgeon should also ensure that the applicant's name and A-number, if applicable, at the top of each page of the Form I-693 matches the information provided in Part 1.
Form Instructions, page	1. Part 2 – Medical Examination – You	
3, Section II. "How Do I Fill Out My Portion of This Form?"	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. 2. Part 3 – Referral to Health	 fill out this worksheet this part and provide the results of each component of the medical exam relating to: communicable diseases of public health significance, vaccinations, physical or mental disorders with associated harmful behavior, and substance or drug abuse/substance or drug addiction, and vaccinations. In Part 2, you 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. 2. Part 3 Referral to Health
	2. Part 5 – Referral to Health Department or Other Doctor/Facility.	2. Part 3 – Referral to Health Department or Other Doctor/Facility. If
	If you refer the applicant to a local health	you refer the applicant to a local health
	, se tetet are apprealt to a local neutrit	Jest reter are applicant to a local noutili

LOCATION	CURRENT VERSION	PROPOSED VERSION
	department or to another physician or clinic, you must also fill out Part 3. Also see Part 5.	department or to another physician or clinic, you must also fill out section 5 of the Civil Surgeon Worksheet in Form I- 693. The health care professional receiving the referral must fill out and sign the section 6 of the Civil Surgeon Worksheet.
	3. 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.	[delete]
	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. Complete the identifying information in this part before referring an applicant for further tests or evaluation. 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.	3. Part 3 – Civil Surgeon's Certification. You must sign the certification after the initial medical exam is complete and all referrals/follow up examinations (if required) have been completed. Fill out <u>Complete</u> the identifying information in this part before referring an applicant for further tests or evaluation. 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. Stamped signatures are not acceptable, your signature must be original.
		For health departments performing the vaccination assessment for refugee adjustment applicants ONLY: You must also complete Part 3 of Form I-693. The actual (original) or stamped signature of the physician on staff at the health department must be present in Part 3. Signatures by attending nurses, physician assistants, or other medical professionals that are not licensed physicians will be rejected. Health departments must also place either the official stamp or raised seal, whichever is customarily used, in Part 3 where indicated.
	5. 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.	[delete]
Form Instructions , page 3, Section II. "How Do I	Advise the applicant that the appropriate follow-up must be obtained before	Advise the applicant that the appropriate follow-up must be obtained before medical

LOCATION	CURRENT VERSION	PROPOSED VERSION
Complete Form I-693 If I	medical clearance can be granted. In	clearance can be granted. In section 5 of
Need to Make a	Part 3 , include the name, address, and	the Civil Surgeon Worksheet (Referral to
Referral?"	telephone number of the onward	Health Department or Other Doctor),
	physician or public health service facility	include the name, address, and telephone
	that will conduct further evaluation or	number of the onward physician or public
	provide treatment. Specify the type of	health service facility that will conduct
	examination and additional tests or	further evaluation or provide treatment.
	treatment the applicant should receive.	Specify the type of examination and
	Complete the identifying information in Part 5, but do not sign or date. Make a	additional tests or treatment the applicant should receive. Complete your identifying
	copy of Form I-693 for your records and	information in Part 3 , but do not sign or
	give the original form to the applicant in	date. Make a copy of Form I-693 for your
	a sealed envelope.	records and give the original form to the
		applicant in a sealed envelope.
Form Instructions, page	You and the applicant must sign your	You and the applicant must sign your
3, Section II. "What Do I	respective certifications. After the	respective certifications. After the
Do After the Medical	medical exam (and any follow-up if	medical exam (and any follow-up if
Exam and Follow-Up (If	required) is complete, write the results in	required) is complete, write the results in
Required) Are	Part 2 of the Form I-693 as they relate to	Part 2 of the Form I-693 as they relate to
Completed?"	the specific component of the medical	the specific component of the medical
	exam. The applicant must sign the	exam. The applicant must sign the
	certification in Part 1 , and you must sign	certification in Part 1 , and you must sign
	the civil surgeon's certification in Part 5 .	the civil surgeon's certification in Part 3 .
	All signatures on the form must be	All signatures on the form must be
	originals (no stamps or facsimiles). Do	originals (no stamps or facsimiles). Do not
	not sign the form or have the applicant sign the form until the applicant has met	sign the form or have the applicant sign the form until the applicant has met all
	all health follow-up requirements.	health follow-up requirements.
Form Instructions, page	1. What if I am a refugee and already	1. What if I am a refugee and already
4, Section III. Frequently	had a medical exam overseas?	had a medical exam overseas?
Asked Questions		
	If you were admitted to the United States	If you were admitted to the United States
	as a refugee found during that exam.	as a refugee found during that exam.
	If a complete medical exam is not	If a complete medical exam is not
	required, you only need to comply with	required, you only need to comply with
	the vaccination requirements. This means	the vaccination requirements. This means
	you only need to complete Part 1,	you only need to submit the vaccination
	Information About You, and the	record and page 1 of Form I-693. complete
	vaccination section of Part 2, not Form I-	Part 1, Information About You, and the
	693. Contact your State or local refugee	vaccination section of Part 2, not Form I
	health coordinator to find out whether it	693. Contact your State or local refugee
	may be possible for you to have the	health coordinator to find out whether it
	vaccination portion of Form I-693	may be possible for you to have the
	completed by a State or local health department. The State or local health	vaccination portion of Form I-693 completed by a State or local health
	department must also complete Part 6 of	department. The State or local health
	the Form.	department must also complete Part 3 of
		the form.
	2. What if I am a K nonimmigrant visa	2. What if I am a K nonimmigrant visa
L	9	

LOCATION	CURRENT VERSION	PROPOSED VERSION
	holder and already had a medical	holder and already had a medical exam
	exam overseas?	overseas?
	* * *	* * *
	b. Even if a new medical examination is	C. 2. Even if a new medical examination
	not required, you must still show proof	is not required, you must still show proof
	that you complied with the vaccination	that you complied with the vaccination
	requirements. If the vaccination record	requirements. If the vaccination record
	(DS 3025) was not properly completed	(DS 3025) was not properly completed
	and included as part of the original,	and included as part of the original [delete
	overseas medical examination report,	comma] overseas medical examination
	you will have to have the vaccination	report, you will have to have the
	report completed by a designated civil	vaccination report completed by a
	surgeon. In this case, you are required to	designated civil surgeon. In this case, you
	submit Part 1 , InformationAbout You,	are required to submit the vaccination
	Part 2 , the vaccination chart and Part 5 , the Civil Surgeon's Cartification of	record and page 1 of Form I-693. Part 1, Information About You Part 2 that
	the Civil Surgeon's Certification, of	Information About You, Part 2, the
	Form I-693.	vaccination chart and Part 5 , the Civil
		Surgeon's Certification, of Form I 693.
	3. What if I am a V nonimmigrant visa	3. What if I am a V nonimmigrant visa
	holder and already had a medical	holder and already had a medical exam
	exam overseas?	overseas? * * *
	b. Even if a new medical examination is	D. 2. Even if a new medical examination
	not required, you still must show proof	is not required, you still must show proof
	that you complied with the vaccination	that you complied with the vaccination
	requirements. If the vaccination record	requirements. If the vaccination record
	was not properly completed and included	was not properly completed and included
	as part of the original, medical	as part of the original [delete comma]
	examination report, you will have to	medical examination report, you will have
	have the vaccination report completed by	to have the vaccination report completed
	a designated civil surgeon. In this case,	by a designated civil surgeon. In this case,
	you are required to complete Part 1,	you are required to submit the vaccination
	Information About You, Part 2, with the	record and page 1 of Form I-693. complete
	proper Civil Surgeon's Certification, Part	Part 1, Information About You, Part 2,
	5 of Form I-693.	with the proper Civil Surgeon's
		Certification, Part 5 of Form I-693.
Form Instructions, page	[last part of item 4(B) from page 4:] You	You will, however, be required to comply
5, Section III. Frequently	will, however, be required to comply	with the vaccination requirement and
Asked Questions (cont'd)	with the vaccination requirement and	submit the vaccination record and page 1
	complete Part 1, Information About	of Form I-693 with your Form I-485.
	You, and submit the vaccination section	complete Part 1, Information About You,
	of Part 2 with your Form I-485. A	and submit the vaccination section of Part
	designated civil surgeon must complete	2 with your Form I-485. A designated civil
	the vaccination section and Part 5 , Civil	surgeon must complete the vaccination
	Surgeon's Certification.	section and Part 5, Civil Surgeon's
		Certification.
	6. How do I know whether a doctor is	6. How do I know whether a doctor is a
	a designated civil surgeon?	designated civil surgeon?
		<i>o</i>
	You can obtain a list of the designated	Doctors found through the USCIS
L	10	

Visiti USC click unde Exar Bene localNote USC Infol on In wwwForm Instructions, page 5, Communicable Diseases of Public Health Significance sectionThe spect media evalu diseaForm Instructions, page 6, Table, box next to "Tuberculosis (TB)" (from current page 5)Z. IC optic Tech http:	surgeons by 1-800-375-5283 , ng the civil surgeon page from the IS Web site at www.uscis.gov , and ing on the "Civil Surgeon Locator" r "Immigration Medical hinations" of the "Services and fits" section, or by visiting your USCIS office. : If you choose to visit your local IS office, you must first get an Pass appointment. For information afoPass , visit the USCIS Web site at .uscis.gov.	National Customer Service Center (NCSC) phone line or through the USCIS Web site are generally current in their designation as civil surgeons. If unsure, applicants should confirm with their doctors as to their civil surgeon status. You can obtain a list of the designated eivil surgeons by 1-800-375-5283, visiting the civil surgeon page from the USCIS Web site at www.uscis.gov, and clicking on the "Civil Surgeon Locator" under "Immigration Medical Examinations" of the "Services and Benefits" section, 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 Web site at www.uscis.gov. The civil surgeon is required to perform
Form Instructions, page 5, Communicable Diseases of Public Health Significance sectionThe optic spect media 	IS Web site at www.uscis.gov , and ing on the "Civil Surgeon Locator" r "Immigration Medical hinations" of the "Services and fits" section, or by visiting your USCIS office. : If you choose to visit your local IS office, you must first get an Pass appointment. For information afoPass , visit the USCIS Web site at auxcis.gov.	 Web site are generally current in their designation as civil surgeons. If unsure, applicants should confirm with their doctors as to their civil surgeon status. You can obtain a list of the designated eivil surgeons by 1-800-375-5283, visiting the civil surgeon page from the USCIS Web site at www.useis.gov, and clicking on the "Civil Surgeon Locator" under "Immigration Medical Examinations" of the "Services and Benefits" section, or by visiting your local USCIS office. Note: If you choose to visit your local USCIS office, you must first get an InfoPass, visit the USCIS Web site at www.useis.gov.
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retur	n to the civil surgeon's office for the	You will not have to return to the civil
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