TABLE OF CHANGES – FORM
Form I-690, Supplement 1, Applicants With a Class A Tuberculosis Condition (As Defined by Health and Human Services Regulations)
OMB Number: 1615-0032
07/27/2020

Reason for Revision: Fee Rule
Project Phase:

Legend for Proposed Text:
- Black font = Current text
- Red font = Changes

Expires 7/31/2021
Edition Date 7/23/2020

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<td>[Page 1] Part 1. Applicant's Information 1. Family Name (Last Name) Given Name (First Name) Middle Name (if applicable) 2. Alien Registration Number (A-Number) (if any) 3. USCIS Online Account Number (if any)</td>
<td>[Page 1] Part 1. Applicant's Information 1. Family Name (Last Name) Given Name (First Name) Middle Name 2. Alien Registration Number (A-Number) 3. USCIS Online Account Number</td>
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<td>Page 2, Part 4. Statement by Physician or Health Facility</td>
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