U.S. Department of Homeland Security
U.S. Citizenship and Immigration Services
Customer Service and Public Engagement Directorate
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U.S. Citizenship and Immigration Services

Questions and Answers

November 13, 2012

Civil Surgeon Seminars

In May and June 2012, USCIS hosted a series of seminars for civil surgeons to provide information about the immigration medical exam and answer questions. During the seminars, USCIS subject matter experts provided an overview of Form I-693, Report of Medical Exam and Vaccination Record and the immigration medical exam and shared information about the required assessments for communicable diseases of public health significance; vaccination requirements; mental and physical disorders with associated harmful behavior; and drug abuse and addiction.

The following are questions submitted by stakeholders before and during the seminars. The questions are divided by topic.

USCIS consulted with the Department of Health and Human Services' Centers for Disease Control and Prevention (CDC) in providing responses to these questions. Civil surgeons with other questions concerning the specific medical requirements provided in the *Technical Instructions for the Medical Examination of Aliens in the United States (Technical Instructions)* should contact the CDC directly at cdcinfo@cdc.gov.

Form I-693

Q1. Does Form I-693 have to be completed in all capital letters if it is handwritten or typed or both?
A1. No. USCIS will not reject Form I-693 for failure to use all capital letters (whether handwritten or typed). We suggest using all capital letters because it makes the form easier for the officer to review.

Q2. Is it acceptable to have part of the Form I-693 typed and part handwritten?
A2. Yes.

Q3. Can a civil surgeon accept an expired foreign passport or driver's license or an identity document issued by a foreign government as identification?
A3. Applicants should bring a government-issued photo identification to the immigration medical examination (i.e., valid, unexpired passport or driver's license). The Technical Instructions require civil surgeons to ensure that the person appearing for the medical examination is the person who is actually applying for the immigration benefits. If the applicant does not have a valid, unexpired government-issued photo identification, the civil surgeon should use his or her best judgment to determine whether the

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ID presented is still acceptable to verify the individual's identity. If the civil surgeon has concerns about the ID presented, he or she may photocopy the ID and attach the photocopy, along with a statement detailing the concerns, to the applicant's Form I-693. If the civil surgeon does not believe the person appearing for the medical examination is the person actually applying for the benefit, then the civil surgeon should not proceed with the medical exam.

Q4. Should female applicants complete Form I-693 with their names or their husband's names?
A4. The applicant should use the applicant's legal name in Part 1 of Form I-693. If a married individual (whether male or female) has adopted a new surname, the individual should use that surname on the Form I-693.

Q5. Can a civil surgeon accept identification issued in an applicant's maiden name if she also provides a marriage certificate? How does the civil surgeon notate this if the Form I-693 is completed in her married name but the identity document is in her maiden name?
A5. Yes. A civil surgeon can accept government-issued identification that was issued in an applicant's maiden name if she also provides a marriage certificate. If a married applicant completes Part 1 of Form I-693 with a different name from the name on her government-issued identification, then the civil surgeon may note on the applicant's Form I-693 that the name in Part 1 is different from the ID presented because it is the applicant's married or maiden name. USCIS will gather and review the applicant's aliases as part of the adjudication of the adjustment of status application.

Note that, although the practice is not, currently, as common in the United States, the same principle applies if a man adopts a new name upon marriage.

Q6. Should the civil surgeon notify the government if he or she suspects that an applicant is presenting false identification?
A6. If a civil surgeon believes an applicant is presenting false identification, the civil surgeon should refuse to perform the immigration medical examination. Civil surgeons may, but are not required to, inform USCIS if they encounter individuals they believe have presented false identification.

Q7. How long does the civil surgeon need to maintain Form I-693 and supporting documents?
A7. USCIS does not currently require civil surgeons to retain Form I-693 for a specific period of time. However, the civil surgeon should be aware that medical retention requirements under other laws may apply.

Q8. Can the civil surgeon give an applicant more than one "original" Form I-693 in separate sealed envelopes if requested?
A8. No. The civil surgeon should only give the applicant one original Form I-693 in a single sealed envelope. The applicant should only receive a copy of the Form I-693. The form instructions require the civil surgeon to make two copies of the completed and signed Form I-693 and supporting documentation: one copy is for the civil surgeon's records and the other copy is for the applicant. The civil surgeon may provide several copies, but must provide only one sealed envelope with only one original.

Q9. If the applicant needs to revise the information on his or her Form I-693 after it has already been mailed to USCIS, can the civil surgeon issue another sealed Form I-693 with the changes? Should the civil surgeon date the revised Form I-693 with the date of the medical exam or the date the revisions were made?
A9. If the applicant's state of health has changed and the civil surgeon believes a previously submitted Form I-693 no longer accurately reflects the applicant's health conditions, then a revised Form I-693 may be submitted to USCIS. The civil surgeon should place the revised Form I-693 in a sealed envelope according to the form instructions, and give the envelope to the applicant for submission to USCIS. The

sealed envelope should be clearly marked to indicate that it should only be opened by USCIS officials. The civil surgeon or applicant should also inform USCIS that the Form I-693 requires updating and that a revised Form I-693 will be submitted. Civil surgeons can contact USCIS through their local civil surgeon coordinator or by emailing public.engagement@uscis.dhs.gov.

Q.10 If the applicant signs Part 1 of Form I-693 on one date and the civil surgeon signs Part 3 on a different date (after all of the test results are complete), will USCIS still accept the form?
A10. Yes. The applicant and civil surgeon do not need to sign Form I-693 on the same date. However, the applicant may not sign on a date after the civil surgeon. Form I-693 instructions specify that the applicant must sign the form in the presence of the civil surgeon, and the civil surgeon may only sign the certification after the medical exam is complete.

Q11. If a civil surgeon moves to another practice, how can he or she update the office address with USCIS?
A11. Civil surgeons should send all civil surgeon-related correspondence to their local USCIS field office. You can find the mailing address for your local USCIS field office on our website. As an alternative, civil surgeons can send an email to public.engagement@uscis.dhs.gov.

Q12. Can a civil surgeon conduct immigration medical exams in two office locations? If so, does he or she have to apply for designation with the district office in each location?
A12. Yes. Civil surgeons may perform immigration medical examinations at more than one location if approved by the local USCIS office with jurisdiction. Civil surgeons should ensure that USCIS has updated contact information on all locations where the civil surgeon intends to perform immigration medical exams. Civil surgeons can review their contact information with USCIS by going to the public civil surgeon locator on our website.

Q13. Can civil surgeons fax copies of forms to USCIS? If so, where should they be faxed?
A13. No. Civil surgeons should place completed Form I-693, Report of Medical Examination and Vaccination Record, in a sealed envelope according to the form instructions. The sealed envelope should be given to the applicant. The applicant typically submits Form I-693 in a sealed envelope with Form I-485, Application to Register Permanent Residence or Adjust Status.

Q14. How can physicians who are interested in becoming civil surgeons contact their local USCIS District Director to request designation?
A14. A physician interested in being designated as a civil surgeon by USCIS should send a letter to the District Director of their local USCIS office, requesting consideration. With the letter of request, the physician should also include the following:

- A copy of his or her current medical license in the state where the physician intends to perform immigration medical examinations,
- A current resume that shows four years of professional experience, not including a residency or training program,
- Proof of U.S. citizenship or lawful status in the United States, and
- Two signature cards showing the physician's name typed and the physician's signature below.

Visit our website for more information. Physicians can also find the mailing address of their local USCIS office through our Office Locator.

Interpretation of the Technical Instructions

Note: USCIS is including answers to these medical questions only as a courtesy. You should still consult with the Centers for Disease Control and Prevention before checking here. If civil surgeons seek

clarification of these answers, or have any other questions concerning the specific medical requirements provided in the Technical Instructions for the Medical Examination of Aliens in the United States, they should contact the CDC directly at cdcinfo@cdc.gov.

Communicable Diseases of Public Health Significance

Q15. If an applicant had a positive skin test with 11 millimeters (mm) of induration in May 2007, with a normal chest X-ray in October 2007, completed six months of latent tuberculosis infection (LTBI) treatment and has authentic documentation of all of the above, beside the Tuberculin Skin Test (TST) exception, does the applicant still need another chest X-ray or can this be omitted?
A15. Yes. An applicant that has written documentation of a TST reaction of 5mm or greater of induration must have a chest X-ray done at the time of the Form I-693 medical examination, even if they have evidence of previously normal chest X-ray, and previously completed INH preventive therapy.

Q16. If the civil surgeon orders a chest X-ray and extrapulmonary active tuberculosis (TB) does not appear on the X-ray, the civil surgeon's only option is to indicate on Form I-693 that the applicant is free of TB when this may not be true. To our knowledge, the Interferon Gamma Release Assay (IGRA) is the only test which will positively rule out all types of TB. Therefore, the Centers for Disease Control and Prevention (CDC) should require a purified protein derivative (PPD) or IGRA test first, and a follow up (IGRA test if the PPD is positive. The follow-up IGRA, if negative, would provide the same or better level of selectivity and specificity as did the initial PPD, and therefore obviate the necessity of ionizing radiation to clear an initial positive PPD. Why does CDC not require an IGRA following a positive PPD? Will CDC consider changing its requirements in accordance with the suggestion above?
A16. IGRA testing should be used as an aid in diagnosing M. tuberculosis infection. A negative IGRA does not rule out TB.

The November 2009 addendum to the Technical Instructions regarding IGRAs states, that either a TST (PPD) or IGRA, not both, should be performed as an initial test for cell-mediated immunity. Therefore, the civil surgeon can perform an IGRA as an initial test, unless the applicant presents at the civil surgeon office with evidence of a previously positive PPD. There is no requirement to perform a PPD (TST) rather than an IGRA as the initial test for cell-mediated immunity. The 2009 update is based on the CDC's recommendations for IGRA testing. The CDC will consider changing the TB Technical Instructions regarding this issue if recommendations for IGRA testing are substantially revised in relation to persons who are at increased risk for latent TB infection or progression to TB disease (the population screened by civil surgeons). Additional information is available on the CDC's website, www.cdc.gov.

Q17. Can CDC please clarify why it considers a clear flat plate following a positive PPD to be sufficient for total clearance on TB? There are many TBs which are extrapulmonary and therefore would not affect a chest PA flat plate. Even if it is clean, the applicant could still have active extrapulmonary TB.
A17. The Technical Instructions and the TB classifications on Form I-693 differentiate between pulmonary and extrapulmonary TB. The chest radiograph is performed to evaluate the applicant for pulmonary TB disease. See the instructions for evaluation for extrapulmonary TB on page 9 and pages 17-18 of the TB Technical Instructions.

Q18. A positive HIV status in an individual who has a positive PPD but a clear flat plate still mandates a diagnosis of latent TB. Therefore, knowing an applicant's HIV status is integral to properly categorizing an individual with a positive PPD/clear flat plate. Under CDC's current protocol, with no known HIV status (and therefore presumptively negative), a clear flat plate is conclusively negative. According to some expert opinions, a positive HIV status mandates a diagnosis of latent TB irrespective of a following

flat plate. Presumably this would also apply with regard to positive/negative status on an IGRA. Will CDC consider reinstating the HIV testing requirement for purposes of improving TB detection?
A18. No. The CDC is not considering reinstating the HIV testing requirement. As of Jan. 4, 2010, HIV infection is no longer defined as a communicable disease of public health significance. By regulation, HIV infection was removed from the list of inadmissible conditions for immigration purposes and from the scope of the immigration medical examination. If the applicant self-identifies as being HIV-infected, the requirements for chest radiography and recommendations for referral for latent TB infection treatment that are found in the civil surgeon TB Technical Instructions apply. Additional guidance on HIV for panel physicians and civil surgeons can be found on the CDC's website, www.cdc.gov.

Q19. The CDC Tuberculosis Technical Instructions state that X-ray evidence of active or inactive TB mandates health department referral. What about applicants treated in the past for active TB who have documentation of completing full recommended treatment, with discharge as "cured"? Many such applicants' current (and all future) chest films will not be "normal," but will show various sequelae (fibrosis, scarring, vague densities, etc.) which might be considered radiologic evidence of "inactive" TB. If such applicants' current X-rays can be proven (by comparison to prior films) to be stable or improved since discharge from their TB treatment, and if they have no symptoms or increased medical risks, must they be referred to our local health department for additional evaluation? Can CDC please describe what constitutes radiologic evidence of "inactive" TB?
A19. Regardless of the applicant's TB history, if the current chest X-ray is abnormal and suggestive of TB, the applicant must be referred to the health department for further evaluation. The health department TB Control Program will determine the type of TB evaluation (and at times, re-treatment) will be needed, if any. Therefore all previous chest radiographs and treatment records should be sent to the health department. Appendix B in the TB Technical Instructions contains the definitions of chest radiographic findings, including those that would suggest inactive TB.

Q20. According to the Technical Instructions, a single calcified granuloma on the film of an asymptomatic PPD-positive applicant need not mandate health department referral. What about two, three, or "several" calcified granulomas with or without radiologist's interpretation that they appear consistent with prior exposure?
A20. Multiple calcified granulomata, in the absence of other chest radiographic findings, do not require health department referral in an applicant lacking TB signs and symptoms.

Q21. If a pregnant applicant needs an X-ray, should the civil surgeon give her the option to have the chest X-ray during her pregnancy or automatically defer until after she has given birth?
A21. A pregnant applicant should be given the option to have the chest X-ray during her pregnancy or defer the X-ray until after delivery. Based on the CDC's Tuberculosis Component of Technical Instructions, if the applicant decides to undergo an X-ray during pregnancy, the possible risks of radiation to the fetus should be explained to her, and informed consent should be obtained and confirmed by having the applicant sign a consent form. If the applicant defers the radiograph until after delivery, the civil surgeon cannot sign the medical examination form until the radiograph is performed and interpreted, and treatment for Class A pulmonary TB disease, if needed, is completed. See page 12 of the TB Technical Instructions.

Q22. Is it within the civil surgeon's discretion to accept results of a PPD or X-ray that were administered one month before the applicant's civil surgeon exam?
A22. The Technical Instructions require civil surgeons to ensure that the person appearing for the medical examination is the person who is actually applying for the immigration benefits. Therefore, civil surgeons cannot accept previously negative TST/IGRA results performed by another physician because they cannot verify that the TST/IGRA results actually belong to the individual applying for immigration benefits. However, written documentation of previously positive TST/IGRA results are acceptable as an exception

to the TB screening test requirement. Applicants with written documentation of previously positive TST/IGRA results are required to undergo a chest X-ray to make a TB determination. More information is available on the CDC's website.

Q23. Can civil surgeons accept TST, Rapid Plasma Reagin (RPR) and X-ray results from a year ago and submit those records with Form I-693? Civil surgeons routinely do this and Form I-693 has never been rejected by USCIS. Do civil surgeons need to start doing these tests themselves?
A23. No. Civil surgeons cannot accept outside results from one year ago. They must order the required tests and ensure they are performed on the person who is actually applying for the immigration benefits. However, please see Q9 in this section regarding the TST/IGRA exception.

The immigration medical exam is intended to be a "snapshot" of the applicant's medical status. Therefore, the chest X-ray results should be closely related in time to the physical examination. While there is no defined period of time during which a chest X-ray is "valid," a chest X-ray or RPR from one year ago is not closely related in time to the physical exam and cannot be assumed to represent the applicant's current health status.

Q24. If an applicant has had a previous positive PPD test, does the civil surgeon need to include with the Form I-693 package any previous proof of positive PPD to justify skipping the skin test and going straight to the chest X-ray or can the civil surgeon just document the previous positive PPD in the remarks section of Form I-693?
A24. No. The civil surgeon does not need to submit proof of written documentation of previously positive TST/IGRA results to USCIS. The civil surgeon only needs to check the appropriate box on Form I-693 to indicate that an exception to the TST/IGRA screening test applies. The civil surgeon should also note the reason for the exception in the Remarks section (i.e., written documentation of a previously positive TST or IGRA result). However, in order for the civil surgeon to do this, the applicant must present the written documentation to the civil surgeon as detailed on the CDC's website.

Q25. For applicants with a positive PPD or IGRA and an abnormal chest X-ray, civil surgeons often send a copy of Form I-693, page 4 to the local health department and receive a faxed copy of page 4 back from the health department. Can the civil surgeon submit a copy of page 4 to USCIS rather than sending the originals back and forth between the civil surgeon and health department?
A25. No. The civil surgeon should not submit a faxed page of Form I-693 as an original. If the civil surgeon needs to refer the applicant to the health department to determine whether the applicant has TB, the civil surgeon should complete section 5 of the Civil Surgeon Worksheet (Referral to Health Department or Other Doctor). The civil surgeon should also fill in his or her identifying information in Part 3 of Form I-693 except for the signature and date. The civil surgeon should make a copy of Form I-693 for his or her records, place the original in a sealed envelope, and give the envelope to the applicant with instructions to go to the health department for follow-up. The health care professional receiving the referral must fill out and sign section 6 of the Civil Surgeon Worksheet on the original Form I-693.

Q26. Some applicants with positive PPD results prefer to undergo IGRA testing rather than a chest X-ray because they believe that the PPD represents a false positive from having received Bacille Calmette–Guérin (BCG) vaccine. Is a chest X-ray required for these applicants in every case? Is it ever acceptable for the civil surgeon to disregard the initial positive PPD and order IGRA testing instead?
A26. No. The November 2009 addendum to the Technical Instructions regarding IGRAs states that the civil surgeon should not perform another type of cell-mediated immunity test to attempt to achieve a negative result if there is written documentation of a previously positive result. Seethe CDC's website for more information. An applicant with a previously positive TST or IGRA result is required to undergo a chest X-ray. The Technical Instructions provide several reasons why a positive TST result is not necessarily because of a BCG vaccination. For example, tuberculin skin test conversion rates after BCG

vaccination may be much less than 100 percent and tuberculin sensitivity tends to decrease over time after the BCG vaccination. See page 11 of the TB Technical Instructions for additional information.

Q27. If an applicant is diagnosed with tuberculosis by the local health department and begins treatment, it will take approximately nine months before the applicant can provide the civil surgeon with the completed treatment statement from the health department. Should the civil surgeon repeat any testing such as RPR at that point or perform a new medical exam since the initial exam was nine months before.
A27. Applicants with infectious (Class A) pulmonary tuberculosis (TB) disease are required to complete a recommended course of treatment that typically lasts 6 months. Civil surgeons must not certify Form I-693 until required TB treatment is completed. See page 15 of the TB Technical Instructions. Since the immigration medical exam is intended to be a "snapshot" of the applicant's state of health, a new medical exam will likely be required at the end of the TB treatment program. As part of the new medical exam, civil surgeons should repeat any required screening tests, such as blood tests for syphilis, if it has been a year or more since the test was first performed by the civil surgeon.

Q28. In general, a PPD of 10 mm or greater with negative chest X-ray is considered latent tuberculosis, but for purposes of the immigration medical exam, the civil surgeon is required to order a chest X-ray for a PPD that is five mm or greater. If the chest X-ray is negative, should the civil surgeon indicate latent tuberculosis on Form I-693?
A28. There are two different TST "cut-off" measurements for the classification of "Latent Tuberculosis Infection (LTBI) Needing Evaluation for Treatment." One is 5 mm and the other is 10 mm induration.

The 10 mm induration cut-off applies to applicants who:

- Are recent arrivals to the U.S. (arrived within the last five years) from countries with a high TB prevalence, and
- Have no evidence of TB disease, including a normal chest X-ray.

The 10 mm induration cut-off also applies to a second group that has been in the United States longer than five years but has other risk factors. See page 21 of the TB Technical Instructions.

The criteria for the 5 mm induration cut-off are listed on pages 15 and 21 in the same TB Technical Instructions. Referral for evaluation for treatment of LTBI is recommended, but not required, after the civil surgeon discusses available LTBI treatment resources with the TB Control Program of the local health department.

Q29. If an applicant has a positive Quantiferon TB test with a negative chest X-ray, does the civil surgeon have to wait to sign Form I-693 until the applicant can get an appointment at the health department or can the civil surgeon make the decision is clear of tuberculosis and sign Form I-693?
A29. The civil surgeon may complete and sign Form I-693 if the applicant has no signs or symptoms of TB. If the applicant has TB signs or symptoms, referral to the TB Control Program of the local health department is required. A civil surgeon should use the TB classification of "Latent TB Infection (LTBI)" for an asymptomatic applicant—or an applicant not showing symptoms—who has a positive IGRA result and a current chest radiograph that shows no evidence of TB disease. The CDC recommends, but does not require, that civil surgeons refer asymptomatic applicants with a positive IGRA result and a negative chest radiograph, to the health department TB Control Program to be evaluated for treatment of LTBI, following the discussion of treatment resources with the TB Control Program. See the CDC's website for additional information.

Q30. If a civil surgeon does not administer an IGRA test in his or her office, can he or she check the box in section 1.A.2 of the Civil Surgeon Worksheet to indicate that IGRA was not administered or should he or she leave it blank?
A30. One of the initial screening tests, TST or IGRA, must be performed as part of the civil surgeon examination unless an exception applies, as detailed on the CDC's website. The civil surgeon may use either the TST or IGRA to perform the required initial screening test for tuberculosis. If the civil surgeon uses TST, then the IGRA section in section 1 of the Civil Surgeon Worksheet should be left blank. If the civil surgeon uses IGRA, then the TST section should be left blank.

Q31. If the civil surgeon does perform IGRA testing due to a patient's past history of positive TST, should he or she mark the box "Not administered, TST exception applies" or leave it blank and only complete the IGRA section?
A31. If the applicant presents written documentation of a previously positive TST (5 mm or greater of induration) or IGRA result, the civil surgeon should not administer another TST or IGRA screening test since the applicant qualifies for an exception to the screening test requirement. The applicant is required to get a chest X-ray, and the civil surgeon should not perform another type of cell-mediated immunity test (initial screening test) to attempt to achieve a negative result. Seethe CDC's website for additional information.

Q32. What is considered an exception for the TST or IGRA requirement?
A32. An applicant is exempt from required testing for cell-mediated immunity if he or she:

- Provides **written documentation** (with a health-care provider's signature) of a TST reaction of 5 mm or greater of induration.
    - For TST, the written documentation must include:
        - Date of the test,
        - Millimeters of induration,
        - Type of PPD used, and
        - The testing health-care provider's name, signature, and office information.

  A verbal history from the applicant of a positive TST reaction is not acceptable.
- Has a history of a severe reaction with blistering to a previous TST.
- Provides **written documentation** (with a health-care provider's signature) of a previously positive IGRA. If more than one IGRA has previously been performed, the most recent result should be used.
    - The written documentation must include:
        - Date of the test,
        - Type of IGRA performed,
        - Test results including units of measurement, and
        - The testing health-care provider's name, signature, and office information.

  A verbal history from the applicant of a positive IGRA result is not acceptable.

If one of the tests has previously been positive as described above, a chest radiograph is required. In this circumstance, the civil surgeon should not perform another type of cell-mediated immunity test (initial screening test) to attempt to achieve a negative result. See the CDC's website for additional information.

Q33. What are the guidelines for classification of latent tuberculosis infection with regard to the IGRA test? If the applicant has a positive Quantiferon test and a normal X-ray, should the civil surgeon consider the same criteria of recent arrival to U.S. (e.g. immuno-compromised, etc)?

A33. Yes. If the applicant has no signs or symptoms of TB disease, the same lists of criteria for LTBI treatment applies (e.g., arrival to the United States within the last five years from high-prevalence areas, HIV-infected persons, patients with organ transplants, other immunosuppressed patients). These applicants should be given the classification of "Latent TB Infection (LTBI) Needing Evaluation for Treatment." The Technical Instructions recommend, but do not require, that civil surgeons refer asymptomatic applicants with a positive IGRA result and a negative chest radiograph to the health department TB Control Program for evaluation for treatment of LTBI, following discussion of treatment resources with that TB Control Program.

Q34. If a refugee receives a Request for Evidence from USCIS indicating that a TST should be performed with a chest X-ray, if necessary, but provides no other information, should the civil surgeon complete a full immigration exam or simply conduct the TST and X-ray if needed?
A34. Typically refugees only require the vaccination portion of the immigration medical exam because they have already completed a medical exam overseas. Refugees only need to undergo the entire immigration medical exam in the United States if a Class A medical condition was found during the overseas exam. A civil surgeon may verify a Request for Evidence (RFE) with USCIS if a RFE only indicates that the refugee should be screened for tuberculosis but no other aspects of the medical exam.

Q35. Does USCIS consider everyone with an HIV diagnosis to be immunosuppressed? If so, then everyone with HIV needs a chest X-ray for tuberculosis screening.
A35. Yes. According to the TB Technical Instructions, all individuals with HIV are considered immunosuppressed and therefore always require a chest X-ray regardless of their TST or IGRA result. See page 12 of the TB Technical Instructions. Please note that these applicants must still undergo the initial screening test (either TST or IGRA, but not both) to determine if latent TB infection is present. HIV infection greatly increases the risk of latent TB infection progressing to TB disease. See Q23 for why HIV screening is not a required part of the immigration medical examination.

Q36. Why is HIV testing no longer a required part of the medical exam? Even though HIV is no longer a ground of inadmissibility, it is still highly communicable and a public health concern. Will CDC revisit this requirement?
A36. As of Jan. 4, 2010, HIV infection is no longer defined as a communicable disease of public health significance. By regulation, HIV infection was removed from the list of inadmissible conditions for immigration purposes and from the scope of the immigration medical examination. Therefore, HIV testing is no longer required as part of the immigration medical exam. However, civil surgeons may advise applicants about HIV testing if testing is clinically indicated. HIV infection should be noted on Form I-693 as a Class B, Other Medical Condition, in section 4 of the Civil Surgeon Worksheet. See the CDC's website for more information. . Additional information about the regulation to remove HIV infection from immigration screening is also available on the CDC's website.

Q37. Why is active syphilis considered a Class A condition and mandated for testing, when it is so easily treated and cured, when HIV testing is no longer required ?
A37. See the response for Q23.

Q38. Is it the civil surgeon's responsibility to perform a confirmatory test on a reactive RPR patient or can the civil surgeon refer this patient to the local health department for confirmatory testing?
A38. The Technical Instructions require civil surgeons to ensure that the person appearing for the medical examination is the person who is actually applying for the immigration benefits. The civil surgeon is responsible for all required testing; therefore, it is not recommended that the civil surgeon refer an applicant to another health care provider, including the local health department, for required testing. If an applicant is referred to another health care provider, the civil surgeon should ensure that the health care provider has appropriate fraud prevention measures in place.

Mental or Physical Disorders with Associated Harmful Behavior

Q39. Can USCIS or the Centers for Disease Control and Prevention (CDC) provide a list of pertinent questions that the civil surgeon can ask the patient in regards to the mental health status and drug abuse/dependency of the patient and determine whether he or she needs to be referred to a specialist?
A39. Concerning the required evaluation for mental disorders and substance-related disorders, the civil surgeon should follow the guidance provided in CDC's *Technical Instructions for Physical or Mental Disorders with Associated Harmful Behaviors and Substance-Related Disorders*, available in the Technical Instructions for Physical or Mental Disorders with Associated Harmful Behaviors and Substance-Related Disorders.

Page 4 describes the role of the civil surgeon regarding physical and mental disorders with associated harmful behavior and substance-related disorders, and indicates that the civil surgeon will carry out a mental health evaluation. Page 8 provides specific guidance regarding the mental health examination and indicates that the civil surgeon should begin by asking questions about the applicant's past medical history. When possible, the civil surgeon should obtain other relevant records to fully investigate the applicant's past medical history, such as police, military, school, and employment records, that might provide a history of harmful behavior associated with physical or mental disorders. The civil surgeon should also ask about mental disorders in the family and, when appropriate, about signs of mental problems or odd behaviors. They should ask about any use of drugs and medicines, and about harmful behaviors.

While not provided in the Technical Instructions, these are three questions that the civil surgeon may want to consider asking every applicant:

1. Do you or have you ever had thoughts about harming yourself or others? Have you ever taken any actions based on these thoughts?
2. Do you currently or have you ever used alcohol or any other substances?
3. Are you currently on any medications or have you ever been on any medications including herbal supplements, vitamins, or any other substances?

Q40. If the civil surgeon chooses to refer the applicant to a specialist to determine if he or she has any physical or mental disorders with associated harmful behavior, can the specialist be any mental health specialist?
A40. The *Technical Instructions for Physical or Mental Disorders with Associated Harmful Behaviors and Substance-Related Disorders* does not specifically state the type of mental health specialist the civil surgeon must use for referring applicants. However, the CDC recommends that the mental health specialist be a licensed psychologist or psychiatrist.
The CDC also recommends that the civil surgeon:

- Identify a mental health specialist to use for referrals,
- Ensure that the specialist is familiar with what is needed in support of the Form I-693 and immigration medical examination, and
- Provide the reason for referral (to address the determination of a mental disorder diagnosis and information regarding associated harmful behavior) to the specialist.

The civil surgeon also remains responsible for completing the Form I-693 medical examination form.

Drug Abuse or Drug Addiction

Q41. If an applicant was previously addicted to heroin, was treated and is currently attending Alcoholics' and Narcotics Anonymous meetings, has had no relapses for 6 months, current drug tests are negative and the applicant's treatment counselor has sent a letter stating he has made progress, should the civil surgeon indicate Class A or B on Form I-693?
A41. According to the CDC's Technical Instructions sustained, full remission is defined as a period of at least 12 months during which no substance use has occurred. Therefore, the applicant cannot be considered as currently in remission, and should be classified as Class A for drug addiction. For more information on remission, see pages 14-15 of the CDC's Technical Instructions for Physical or Mental Disorders with Associated Harmful Behaviors and Substance-Related Disorders.

Q42. What is a civil surgeon's responsibility if he or she suspects that an applicant is being dishonest about his or her drug use?
A42. If the civil surgeon believes the applicant is not being truthful about his or her drug use, the civil surgeon may either:

- Decline to certify Form I-693, or
- Perform random drug screening according to the CDC's Technical Instructions for Physical or Mental Disorders with Associated Harmful Behaviors and Substance-Related Disorders. (See pages 11-12 for specific information.)

Regarding random drug screening, the CDC's *Technical Instructions for Physical or Mental Disorders with Associated Harmful Behaviors and Substance-Related Disorders* states that random screening for drugs is not part of the routine medical examination for applicants seeking admission into the United States. The civil surgeon needs to evaluate each particular applicant's history, behavior, and physical appearance when determining if drug screening should be performed. As outlined in Table 1 of the Technical Instructions, an indicator for laboratory drug screening includes evidence of unreliable or false information given during the interview or examination.

Vaccination Requirements

Q43. Please confirm that the civil surgeon is responsible for providing at least one dose of each required vaccine as part of the immigration medical exam.
A43. According to the CDC's Vaccination Technical Instructions, all adjustment of status applicants must be assessed for vaccination requirements. More information is available on the CDC's website. Please see the Table at the bottom of the Web page.

The required vaccines are based on the applicant's age at the time of the medical evaluation. An applicant only needs to receive a single dose of the age appropriate vaccine(s) that are not medically contraindicated and that have no valid documentation of previous immunization.. If a single dose of a vaccine is required and given, and the vaccine is one in which a series of doses is required to complete the series and the single dose given does not complete the series, then the 'insufficient interval' box should also be checked by the civil surgeon on Form I-693.

Q44. Are vaccination records in a language other than English considered valid for purposes of Form I-693?
A44. Yes, a civil surgeon may accept vaccination records in a language other than English. The Technical Instructions state that it is the applicant's responsibility to provide reliable English translations of all records to the civil surgeon. See http://www.cdc.gov/immigrantrefugeehealth/exams/ti/civil/vaccination-civil-technical-instructions.html#assessment. Civil surgeons should use their best judgment in determining whether translations provided by the applicant are sufficient and credible enough to be considered part of the applicant's medical history.

Q45. Can applicants between the ages of 10 and 64 receive only the Tetanus-Diphtheria (Td) or is Tetanus-Diphtheria-Pertussis (Tdap) required?
A45. Based on the current Advisory Committee on Immunization Practices' (ACIP) recommendations, the Vaccination Technical Instructions indicate that individuals between the ages of 10 and 64 should be given the Tdap vaccine instead of Td in specific situations. For further details, refer to the ACIP age-appropriate immunization schedules and their footnotes at http://www.cdc.gov/vaccines/schedules/index.html.

Q46. If a child comes to his or her immigrant medical exam having had no vaccinations following a reaction to the oral (live) polio virus vaccination as an infant, should the civil surgeon start catch-up vaccinations that are age appropriate based on CDC or ACIP guidance, such as Human papillomavirus (HPV), meningococcal, inactivated polio and hepatitis B?
A46. The HPV vaccine has not been required for immigration applicants since 2009 (see http://www.cdc.gov/immigrantrefugeehealth/exams/ti/civil/vaccination-civil-technical-instructions.html). The civil surgeon should follow the guidance provided in the Vaccination Technical Instructions to determine the required vaccines based on the applicant's age at the time of their medical examination. The Vaccination Technical Instructions also provide a table of the required vaccinations based on the applicant's age at the time of the medical examination at http://www.cdc.gov/immigrantrefugeehealth/exams/ti/civil/vaccination-civil-technical-instructions.html#tbl1. Additionally, the civil surgeon should refer to the ACIP's current routine vaccination schedule that is appropriate for the applicant's age and follow the recommendations for "all children." For U.S. immigration purposes, at the time of their medical examination, the applicant only needs to receive a single dose of the age appropriate vaccine(s) that are not medically contraindicated and that have no valid documentation of previous immunization.. If an applicant needs a vaccine that requires a series of doses and has only received a single dose of a vaccine then the 'insufficient interval' box should also be checked by the civil surgeon on Form I-693.

Note: The type of reaction following the oral polio vaccination is not specified in the submitted question. Severe allergic reaction (anaphylaxis) to a vaccine component, or following a previous dose of vaccine, is a contraindication to further doses of that vaccine.

Q47. Can a civil surgeon perform a pregnancy test on a female applicant with menses two weeks late and, if negative, give live vaccines?
A47. The Vaccination Technical Instructions do not contain information on pregnancy testing. They do not indicate that a pregnancy test must be performed on female applicants in order to determine whether live vaccines may be given. They also do not prohibit pregnancy testing. The civil surgeon should use his or her discretion to determine if pregnancy testing is appropriate for a particular applicant in order to provide the required vaccines.

Q48. The latest 2012 ACIP recommendations state that Td is probably safe at any time in pregnancy but to be on the safe side wait until 20 weeks unless there is an issue earlier in pregnancy like a wound which needs tetanus prophylaxis. Consequently, it seems that the CDC recommendations are a bit off since the second trimester starts at around 13 weeks from the patient's last menstrual period (LMP). It would be very rare and extremely unusual for a civil surgeon to be treating a first trimester pregnant applicant for a wound needing tetanus prophylaxis at the same time as her immigration medical exam. Are CDC's requirements in the Technical Instructions accurate?
A48. The Vaccination Technical Instructions are accurate and provide that pregnancy is a contraindication for receiving live attenuated vaccines for MMR, varicella, and intranasal influenza vaccines. The 2012 CDC and ACIP guidance for Tdap advises administration after 20 weeks gestation but does not cite safety as the reason.

Please see the excerpts below from references cited in the Vaccination Technical Instructions:

(1) Guidelines for Vaccinating Pregnant Women, last updated July 30, 2012 (http://www.cdc.gov/vaccines/pubs/preg-guide.htm), lists vaccination contraindications and precautions:

Tetanus, Diphtheria, and Pertussis (Tdap); & Tetanus and Diphtheria (Td)

- Pregnant women who have not been previously vaccinated with Tdap should get one dose of Tdap during the third trimester or late second trimester (after 20 weeks gestation). If not administered during pregnancy, Tdap should be administered immediately postpartum.
- Available data does not suggest any elevated frequency or unusual patterns of adverse events in pregnant women who received Tdap and that the few serious adverse events reported were unlikely to have been caused by the vaccine.
- Unknown or Incomplete Tetanus Vaccination: To ensure protection against maternal and neonatal tetanus, pregnant women who never have been vaccinated against tetanus should receive three vaccinations containing tetanus and reduced diphtheria toxoids. The recommended schedule is 0, 4 weeks and 6 to 12 months. Tdap should replace 1 dose of Td, preferably during the third or late second trimester of pregnancy (after 20 weeks gestation) of pregnancy.
- Providers are encouraged to report administration of Tdap to a pregnant woman, regardless of trimester, to the appropriate manufacturer's pregnancy registry: for Adacel® to sanofi pasteur, telephone 1-800-822-2463 and for Boostrix® to GlaxoSmithKline Biologicals, telephone 1-888-825-5249.

(2) Recommended Adult Immunization Schedule-United States-2012, released February 2012 (http://www.cdc.gov/vaccines/schedules/downloads/adult/adult-schedule.pdf), states in its footnotes:

> **Tetanus, diphtheria, and acellular pertussis (Td/Tdap) vaccination**
> • Tdap is specifically recommended for the following persons: pregnant women more than 20 weeks' gestation.
> • Pregnant women not vaccinated during pregnancy should receive Tdap immediately postpartum.

Q49. If the civil surgeon defers giving the Tdap vaccine to an applicant in the first or second trimester of her pregnancy, should he or she sign Form I-693, check the box for the blanket waiver and note that there were contraindications?

A49. The Vaccination Technical Instructions do not state that pregnancy is a contraindication for receiving the Tdap vaccine. Therefore, if a civil surgeon defers giving the Tdap vaccine to the applicant because they are pregnant, the civil surgeon should not indicate that there was a contraindication to the Tdap vaccine and should not sign the Form I-693. The civil surgeon must wait until the Tdap vaccine is given to the applicant before he or she can complete and sign the Form I-693. The Vaccination Technical Instructions refer the civil surgeon to the contraindications and precautions for pregnant women at http://www.cdc.gov/vaccines/pubs/preg-guide.htm. The Technical Instructions also refer the civil surgeon to the ACIP schedules. The Recommended Adult Immunization Schedule-United States-2012 (released February 2012) is available at http://www.cdc.gov/vaccines/schedules/downloads/adult/adult-schedule.pdf). The footnotes section of the schedule contains helpful information regarding vaccinating pregnant women.

Q50. Many applicants are unable to obtain their vaccination records from other countries. In lieu of a vaccination record with exact dates and vaccinations received, can the civil surgeon consult the World Health Organization website for to determine what mandatory vaccines an applicant would have received for that country if it is apparent that the applicant would have received those vaccines (e.g. if the applicant is a physician, he or she would have attended school in the home country and received the mandatory vaccinations). In this scenario, is checking the box marked vaccinations without listing a date acceptable?
A50. No. For purposes of the mandated immigration examination, it is not acceptable to consult the World Health Organization's website and document vaccines that an applicant has probably, but not definitely, received. The civil surgeon must have written documentation of an applicant's previous vaccination history in order to annotate such vaccines as being received in the Vaccination Record in Form I-693. According to the Vaccination Technical Instructions, only records of vaccine doses that include full dates of receipt (month, day, and year) are acceptable. Additionally, the vaccine record must not appear to have been altered and dates of vaccinations should seem reasonable. A civil surgeon should use his or her best judgment to determine whether the written documentation of the applicant's vaccination history is acceptable. Self-reported doses of vaccines without written documentation are not acceptable. See http://www.cdc.gov/immigrantrefugeehealth/exams/ti/civil/vaccination-civil-technical-instructions.html#assessment.

Q51. Form I-693 notes that the influenza vaccine should be given from October 1 to March 31, but CDC's website lists flu season as October 1 to May 31. Is there guidance on when the influenza season has started or ended? Is this an instance when we should be using our state specific epidemiological data to guide this decision?
A51. To clarify, CDC's Seasonal Influenza Q&A (http://www.cdc.gov/flu/about/season/flu-season-2011-2012.htm) state: "The timing of flu is very unpredictable and can vary from season to season. Flu activity most commonly peaks in the U.S. in January or February. However, seasonal flu activity can begin as early as October and continue to occur as late as May."

As the timing of flu is unpredictable and can vary from season to season, USCIS requires civil surgeons each year to administer the influenza vaccine to immigrant applicants from Oct. 1 through March 31, as stated on Form I-693. Civil surgeons should administer the flu vaccine to those individuals who require it if the immigration medical exam is conducted during flu season as defined by USCIS. Use of state epidemiological data could result in a delay in application processing if the applicant does not receive the required vaccine. According to the Technical Instructions, all individuals 6 months and older are required to receive the flu vaccine if the immigration medical exam is conducted during the flu season, unless they have a specific contraindication to flu vaccine.

Q52. Since tetanus is a recurring vaccine, if someone is up to date on his or her tetanus immunization should the civil surgeon check "insufficient time interval" or "complete" on page 5 of the I-693?
A52. The Technical Instructions do not address the issue of how to check Form I-693 when recurring vaccines, such as tetanus, are currently up-to-date. Future doses of tetanus will be required, even though they are not part of a "vaccine series," and the civil surgeon may check "insufficient time interval" after administering a single dose of tetanus vaccine during the medical examination.

Q53. What recourse is available if USCIS returns Form I-693 and asks for vaccination dates for vaccines that are not required for the specific age group (e.g. a USCIS officer asking for the meningitis/pneumococcal and hepatitis A vaccine dates for a 31-year-old applicant)?
A53. If the civil surgeon would like to request more information about why Form I-693 was returned by USCIS, or believes Form I-693 may have been returned in error, the civil surgeon may contact public.engagement@uscis.dhs.gov. If the Request for Evidence (RFE) accompanying a returned Form I-693 was sent by a USCIS Service Center, civil surgeons can contact Service Center Operations directly at SCOPSSCATA@uscis.dhs.gov.

Q54. If the applicant refuses to receive the required vaccinations, and the civil surgeon checks the box labeled "Applicant does not meet immunization requirements," with the remarks that he or she is filing the application for waiver, can the civil surgeon then sign page 1 of Form I-693?
A54. If the applicant refuses to receive the required vaccinations on religious or moral ground, then the civil surgeon should check the Results box labeled "Applicant will request an individual waiver based on religious or moral convictions." If the applicant refuses to receive the required vaccinations for any other reason, the civil surgeon should check the Results box labeled "Applicant does not meet immunization requirements." In either case, the civil surgeon can certify Form I-693 by signing in Part 3, Civil Surgeon's Certification, at the end of the immigration medical exam. The civil surgeon may wish to inform the applicant that failure to meet the vaccination requirement may cause the applicant's immigration benefit application to be denied (e.g. adjustment of status application).

Q55. If a vaccine is contraindicated during pregnancy, does the applicant have to return to the civil surgeon after she gives birth if she hasn't yet had her adjustment of status interview?
A55. No, pregnant applicants do not need to return to the civil surgeon after giving birth to receive vaccinations contraindicated during pregnancy.

Q56. Can civil surgeons negotiate vaccine prices as a group, to lower the cost of these expensive vaccines?
A56. Neither USCIS nor CDC currently regulates the fees associated with immigration medical examinations in the United States. Civil surgeons are not prohibited from negotiating vaccine prices as a group.

Q57. Many applicants come to a civil surgeon requesting only the vaccination portion of the medical exam. Is there a way for the civil surgeon to determine whether the applicant falls within one of the groups that are exempt from the full medical exam (e.g. refugee, asylee, K or V nonimmigrant visa holder within one year of the overseas exam with no Class A conditions). Is the applicant required to show the civil surgeon Form I-94 or other document showing his or her immigration status?
A57. No. Generally, applicants are not required to verify their immigration status to the civil surgeon. The applicant is only required to verify his or her identity by providing a government-issued photo identification. USCIS will confirm whether the applicant's immigration status and previous immigration medical examinations overseas only require the applicant to complete the vaccination portion of the medical exam in the U.S. Therefore, if the applicant believes he or she only needs a vaccination assessment, the civil surgeon may perform just the vaccination portion of the medical exam and complete pages 1 and 5 of Form I-693. If USCIS determines that the applicant requires the full medical exam, then USCIS will return Form I-693 to the applicant with the appropriate instructions.

An exception exists for refugees adjusting status: the CDC's Vaccination Technical Instructions state that a civil surgeon must verify a refugee's status by obtaining the applicant's Form I-94 (Arrival-Departure Record) to determine whether he or she was admitted to the United States as a refugee under the Immigration and Nationality Act, (INA) Section 207. The civil surgeon must verify that the Form I-94 belongs to the applicant by comparing it with other identification documents, keeping in mind that many refugees might not have passports.

Other Questions

Q58. Are pelvic exams, pap smears, and gonorrhea and chlamydia tests recommended as part of the immigration medical exam?
A58. Yes. The CDC's Technical Instructions specify that the medical examination must include a physical examination that includes, at a minimum an examination of the eyes, ears, nose and throat,

extremities, heart, lungs, abdomen, lymph nodes, skin and external genitalia. The Technical Instructions also state that for sexually transmitted diseases (STDs) other than syphilis, the medical history and physical examination must include a search for symptoms or lesions consistent with chancroid, gonorrhea, granuloma inguinale, or lymphogranuloma venereum. Further testing should be done as necessary to confirm a suspected diagnosis. There are separate instructions for the syphilis evaluation portion of the examination. An inspection of the external genital area is required because several STDs are included among the medical conditions that may make an individual inadmissible to the United States. See the medical history and physical examination component of the Technical Instructions on the CDC website at:
http://www.cdc.gov/immigrantrefugeehealth/exams/ti/civil/technical-instructions/civil-surgeons/medical-history-physical-examination.html.

The Technical Instructions do not require or recommend Pap smears. Routine chlamydia testing also is not required. However, the Technical Instructions recommend civil surgeons to the CDC's Sexually Transmitted Disease Treatment Guidelines (http://www.cdc.gov/std/treatment/2010/toc.htm) . This guideline recommends gonococcal treatment which is also effective against chlamydia because of high rates of co-infection.

Q59. Can a civil surgeon with two offices with different tax ID numbers perform immigration medical exams using either tax ID number?
A59. A tax ID number is not required information on Form I-693. Physicians who are designated as civil surgeons should only perform immigration medical examinations out of the office that is on record with USCIS. A civil surgeon who has moved to a new office location or would like to add additional offices, should contact his or her local field office coordinator or email public.engagement@uscis.dhs.gov. To verify which office(s) are on record with USCIS, civil surgeons may check the public civil surgeon locator at https://egov.uscis.gov/crisgwi/go?action=offices.type&OfficeLocator.office_type=CIV.

Q60. Can civil surgeons conduct immigration medical exams for children?
A60. Yes. Civil surgeons may perform immigration medical examinations on children. If a civil surgeon does not feel comfortable performing the medical exam on a child, the civil surgeon may refer the applicant to another civil surgeon.

Q61. Is pregnancy considered a Class B condition?
A61. No. Pregnancy should not be annotated as a Class B condition on Form I-693. However, pregnancy may be indicated in the Remarks section of the Vaccination Record, to explain why certain vaccines are contraindicated (see http://www.cdc.gov/vaccines/pubs/preg-guide.htm).

Q62. Should civil surgeons classify as Class B conditions all patients with hypertension, diabetes and other such conditions regardless of how well-managed the condition is?
A62. Other Medical (Class B) Conditions are conditions that significantly deviate from normal health or well-being. Hypertension and diabetes are examples of Class B Other conditions, despite their degree of current control or management. Regarding the immigration medical examination and completion of Form I-693 as it relates to Other Medical (Class B) Conditions, please refer to the section of the Technical Instructions entitled, *Other Physical or Mental Abnormality, Disease or Disability*, which is available at http://www.cdc.gov/immigrantrefugeehealth/exams/ti/civil/technical-instructions/civil-surgeons/required-evaluation-components/other-disease-disability.html. As stated in this section, it is important to comment on the severity of the disease on the applicant's Form I-693.. It is also helpful to comment on current medication, any previous complications, and prognosis.

If identified, the Other Medical (Class B) condition should be indicated in section 4 of the Civil Surgeon Worksheet on page 4 of Form I-693. The box for Class B Conditions should also be checked in Part 2,

Summary of Medical Examination Findings, on page 1 of Form I-693. If no Other Medical (Class B) condition is identified, the civil surgeon should write "none" in section 4 of the Civil Surgeon Worksheet.

Q63. Is an echocardiogram a required part of the immigration medical exam if the patient has cardiomegaly, atherosclerotic changes on the chest X-ray, systolic murmur and abnormal lung sounds?
A63. The civil surgeon does not necessarily need to order an echocardiogram for an applicant with these conditions, or pursue further treatment or evaluation for purposes of the immigration medical examination. However, as a matter of good practice, the civil surgeon should advise the applicant to seek treatment or further evaluation regarding medical conditions discovered in the course of the immigration medical examination, if doing so would be practical. See the section of the Technical Instructions entitled, *Management of Medical Conditions not Related to the Medical Exam*, available at: http://www.cdc.gov/immigrantrefugeehealth/exams/ti/civil/technical-instructions/civil-surgeons/medical-history-physical-examination.html.

However, the Technical Instructions do require the civil surgeon to annotate any medical conditions that significantly deviate from normal health or well-being in section 4 of the Civil Surgeon Worksheet on page 4 of Form I-693. These conditions are considered Class B conditions. In this respect, the Technical Instructions do require the civil surgeon to complete any diagnostic procedures necessary to determine the likely diagnosis of the condition. For example, whether the condition will affect the applicant's ability to care for him or herself, attend school, hold a job, or engage in other age-appropriate activities. The civil surgeon will also determine whether rehabilitation or special training will be required and whether the applicant is likely to require extensive medical care or institutionalization in the United States. See http://www.cdc.gov/immigrantrefugeehealth/exams/ti/civil/technical-instructions/civil-surgeons/required-evaluation-components/other-disease-disability.html.

Q64. When determining whether an applicant is a recent arrival to the U.S., should the civil surgeon consider the applicant's travel back to his or her home country or another country? For example, if a patient arrived in the U.S. from India 10 years ago but returns to India annually to visit, would he or she be considered a recent arrival to the U.S?
A64. Recent arrival refers to when an applicant first arrived in the United States. It does not apply to an applicant's recent return to the U.S. after being outside of the U.S. for a visit.

Communicating with USCIS and CDC

Q65. How can civil surgeons contact CDC with a question that is not addressed in the Technical Instructions?
A65. Civil surgeons can contact the CDC directly with medical questions about the immigration medical examination at cdcinfo@cdc.gov.

Q66. How can civil surgeons contact their local USCIS civil surgeon coordinator?
A66. Civil surgeons should send all civil surgeon-related correspondence to their local USCIS field office. You can find the mailing address for your local USCIS field office at https://egov.uscis.gov/crisgwi/go?action=offices.type&OfficeLocator.office_type=LO. Alternatively, civil surgeons can also email public.engagement@uscis.dhs.gov.

Immigration Medical Exams & Form I-693



U.S. Citizenship and Immigration Services

USCIS Civil Surgeon Seminar Series

May 17, 2012

AILA InfoNet Doc. No. 12051051. (Posted 05/17/12)

Immigration Basics

Adjustment of Status Process For Immigrants

- Adjustment of status is the process by which an individual acquires lawful permanent resident status (or a "Green Card") while in the U.S.
- The requirements depend on the category under which the applicant seeks adjustment.

☞ Regardless of category, all applicants must be admissible before the adjustment application can be approved.

Admissibility

- Grounds of Inadmissibility can be found in section 212(a) of the Immigration and Nationality Act (INA).

- Examples are: Medical Grounds; Criminal Grounds; Security or Terrorist Grounds; Public Charge Grounds; Previous Immigration Violations.

⇨ If an applicant is inadmissible, a waiver may be available. Otherwise, the adjustment will be denied.

Waivers

- Generally, waivers are available for all individuals subject to grounds of medical inadmissibility. Only USCIS may grant a waiver, but typically confers with CDC when medical inadmissibilities are concerned.
- Waiver forms and fees differ, depending on the basis upon which the applicant seeks adjustment. (For example, refugees are often exempt from fees.)
- The standard for granting the waiver varies, depending on the ground of inadmissibility and basis upon which the applicant seeks adjustment.

Health-related Grounds of Inadmissibility

Health-related Grounds of Inadmissibility

- The following are health-related grounds of inadmissibility (as defined by INA 212(a)(1)):
  - Communicable disease of public health significance (Class A)
  - Failure to show proof of required vaccinations *(for lawful permanent resident applicants ONLY)*
  - Physical or mental disorder with associated harmful behavior (Class A)
  - Drug abuse or addiction (Class A)

Class A and Class B Conditions

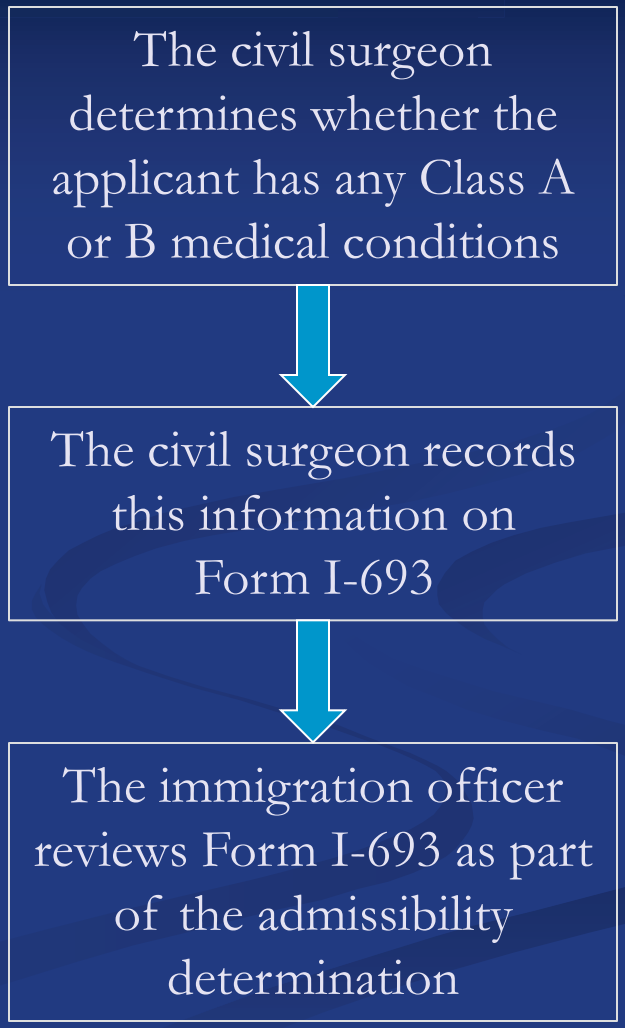
- **Class A medical conditions** are *inadmissible* conditions – these include active TB, active syphilis, physical or mental disorder with associated harmful behavior, and drug abuse or addiction

- **Class B medical conditions** are *not inadmissible* conditions – these include physical or mental abnormalities, diseases, or disabilities that constitute a substantial departure from normal health or well-being

Why a Medical Exam?

The purpose of the immigration medical exam is to determine whether the applicant has an inadmissible health condition.

USCIS makes the admissibility determination based on the civil surgeon's findings.



Immigration Medical Exam

The immigration medical examination entails:

- **A review of the applicant's medical history** (including all hospitalizations, institutionalizations for chronic conditions, illnesses or disabilities, psychoactive drug and alcohol use, and chest X-ray and treatment records if applicant has a history suggestive of TB)
- **A review of any other records available to the physician** (which may be indicative of the applicant's state of health)
- **A review of systems to determine the presence and severity of any Class A and B conditions** (ask specifically about symptoms that suggest cardiovascular, pulmonary, musculoskeletal, and/or neuropsychiatric disorders)
- **A physical examination, including an evaluation of mental status and all relevant diagnostic tests**

Immigration Medical Exam

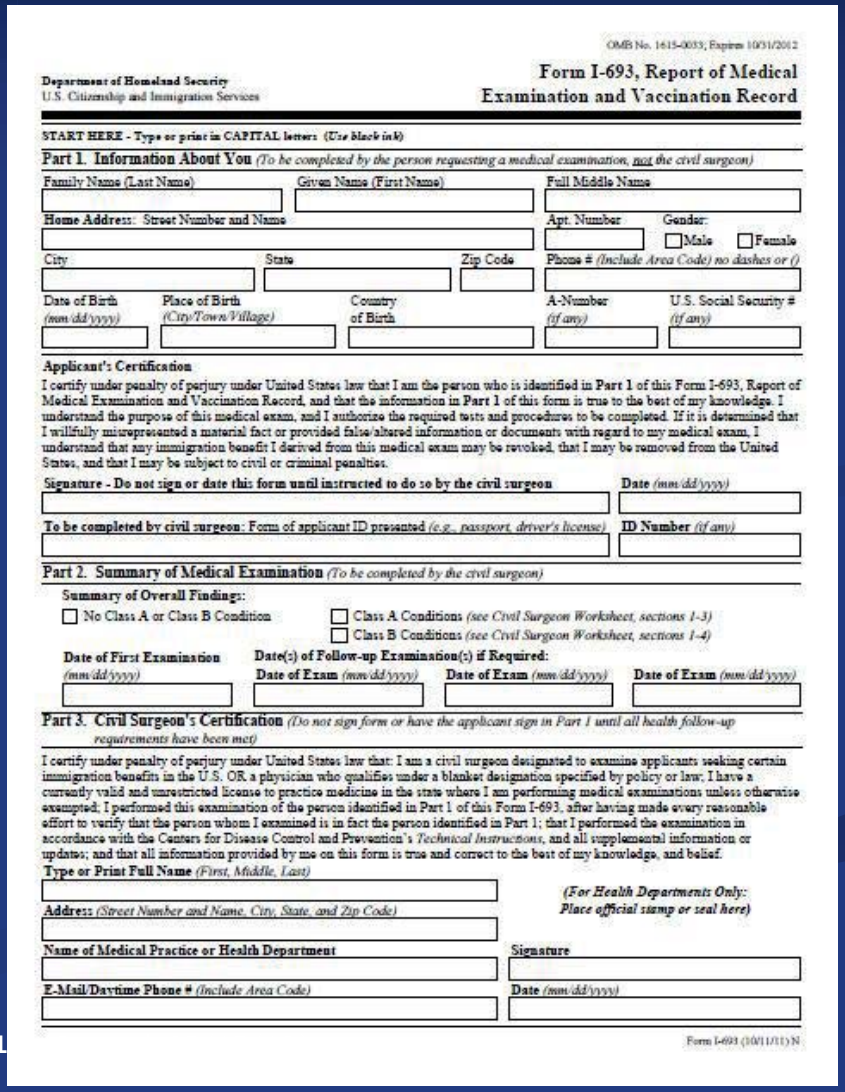
- In general, all applicants for adjustment of status are required to have, at some point in time during their immigration history, a medical exam to determine admissibility to the U.S. based on health grounds.

	Domestic Medical Exam	**Overseas Medical Exam**
Who performs?	Civil surgeons	Panel physicians
Designating Agency?	Designated by USCIS	Designated by State Department
Form used to record results of medical exam	Form I-693	Form DS-2053 and DS-2054

AILA InfoNet Doc. No. 12051051. (Posted 05/17/12)

Report of Medical Examination and Vaccination Record (Form I-693)

- Form I-693 is used to record the results of the immigration medical exam when conducted by a civil surgeon in the U.S.
- The current version of Form I-693 is available at http://www.uscis.gov/i-693
- Generally, civil surgeons may not use past versions of Form I-693



OMB No. 1615-0033; Expires 10/31/2012

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

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

START HERE - Type or print in CAPITAL letters (Use black ink)

Part 1. Information About You *(To be completed by the person requesting a medical examination, not the civil surgeon)*

Family Name (Last Name) | Given Name (First Name) | Full Middle Name

Home Address: Street Number and Name | Apt. Number | Gender: ☐ Male ☐ Female

City | State | Zip Code | Phone # *(Include Area Code) no dashes or ()*

Date of Birth *(mm/dd/yyyy)* | Place of Birth *(City/Town/Village)* | Country of Birth | A-Number *(if any)* | U.S. Social Security # *(if any)*

Applicant's Certification

I certify under penalty of 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/altered 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 - Do not sign or date this form until instructed to do so by the civil surgeon | **Date** *(mm/dd/yyyy)*

To be completed by civil surgeon: Form of applicant ID presented *(e.g., passport, driver's license)* | **ID Number** *(if any)*

Part 2. Summary of Medical Examination *(To be completed by the civil surgeon)*

Summary of Overall Findings:

☐ No Class A or Class B Condition
☐ Class A Conditions *(see Civil Surgeon Worksheet, sections 1-3)*
☐ Class B Conditions *(see Civil Surgeon Worksheet, sections 1-4)*

Date of First Examination *(mm/dd/yyyy)* | **Date(s) of Follow-up Examination(s) if Required:** Date of Exam *(mm/dd/yyyy)* | Date of Exam *(mm/dd/yyyy)* | Date of Exam *(mm/dd/yyyy)*

Part 3. 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)*

I certify under penalty of perjury under United States law that: I am a civil surgeon designated to examine applicants seeking certain immigration benefits in the U.S. OR a physician who qualifies under a blanket designation specified by policy or law; I have a currently valid and unrestricted license to practice medicine in the state where I am performing medical examinations unless otherwise exempted; 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 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.

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

(For Health Departments Only: Place official stamp or seal here)

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

Name of Medical Practice or Health Department | **Signature**

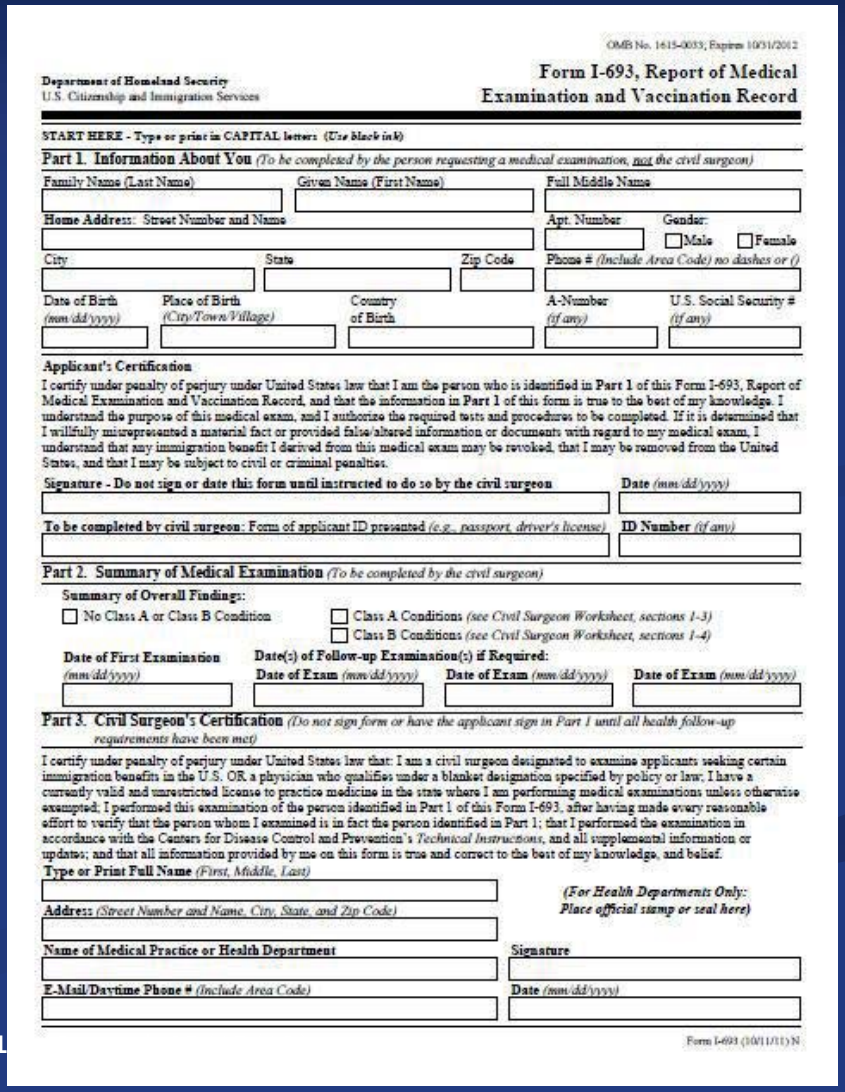
E-Mail/Daytime Phone # *(Include Area Code)* | **Date** *(mm/dd/yyyy)*

Form I-693 (10/11/11) N

AILA InfoNet Doc. No. 12051051

Report of Medical Examination and Vaccination Record (Form I-693)

- Form I-693 is generally valid for a period of one year from the date it was endorsed by the civil surgeon
- Under certain circumstances, the validity of Form I-693 may be extended beyond one year



OMB No. 1615-0033; Expires 10/31/2012

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

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

START HERE - Type or print in CAPITAL letters (*Use black ink*)

Part 1. Information About You (*To be completed by the person requesting a medical examination, not the civil surgeon*)

Family Name (Last Name) | Given Name (First Name) | Full Middle Name

Home Address: Street Number and Name | Apt. Number | Gender: ☐ Male ☐ Female

City | State | Zip Code | Phone # (*Include Area Code*) *no dashes or ()*

Date of Birth (*mm/dd/yyyy*) | Place of Birth (*City/Town/Village*) | Country of Birth | A-Number (*if any*) | U.S. Social Security # (*if any*)

Applicant's Certification

I certify under penalty of 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/altered 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 - Do not sign or date this form until instructed to do so by the civil surgeon | **Date** (*mm/dd/yyyy*)

To be completed by civil surgeon: Form of applicant ID presented (*e.g., passport, driver's license*) | **ID Number** (*if any*)

Part 2. Summary of Medical Examination (*To be completed by the civil surgeon*)

Summary of Overall Findings:

☐ No Class A or Class B Condition
☐ Class A Conditions (*see Civil Surgeon Worksheet, sections 1-3*)
☐ Class B Conditions (*see Civil Surgeon Worksheet, sections 1-4*)

Date of First Examination (*mm/dd/yyyy*) | **Date(s) of Follow-up Examination(s) if Required:** **Date of Exam** (*mm/dd/yyyy*) | **Date of Exam** (*mm/dd/yyyy*) | **Date of Exam** (*mm/dd/yyyy*)

Part 3. 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*)

I certify under penalty of perjury under United States law that: I am a civil surgeon designated to examine applicants seeking certain immigration benefits in the U.S. OR a physician who qualifies under a blanket designation specified by policy or law; I have a currently valid and unrestricted license to practice medicine in the state where I am performing medical examinations unless otherwise exempted; 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 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.

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

(For Health Departments Only: Place official stamp or seal here)

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

Name of Medical Practice or Health Department | **Signature**

E-Mail/Daytime Phone # (*Include Area Code*) | **Date** (*mm/dd/yyyy*)

Form I-693 (10/11/11) N

AILA InfoNet Doc. No. 12051051

Role of Centers for Disease Control and Prevention (CDC)

- Determines communicable diseases of public health significance that render an alien inadmissible to the U.S. (42 CFR 34); determines which vaccines are required.
- Develops and maintains the **Technical Instructions (TIs)** for both panel physicians and civil surgeons. The TIs set forth the requirements for the immigration medical exams.

⇨ The TIs are binding on panel physicians, civil surgeons, and immigration officers, and have the force of regulations.

AILA InfoNet Doc. No. 12051051. (Posted 05/17/12)

Role of USCIS

- Verifies that applicants for adjustment of status have received the required medical exam(s) performed by a panel physician or civil surgeon in accordance with CDC's Technical Instructions.
  - Maintains Form I-693, Report of Medical Examination and Vaccination Record.
  - Based on the medical report (Form I-693), determines whether there are any grounds of medical inadmissibility.
- Adjudicates and grants waiver requests. If the waiver is filed for a medical ground of inadmissibility, USCIS grants the waiver after consultation with CDC (except for vaccination waivers).
- Designates civil surgeons.

Civil Surgeons

Role of the Civil Surgeon

- Must follow the TIs and any updates (including verifying the applicant's identity; reporting any medical results to the appropriate authority, as required by law)
- Must report the results of the medical examination on Form I-693 for immigration purposes
- Notify USCIS if contact information has changed

Professional Qualifications Required for Civil Surgeon Designation

A physician may be designated as a civil surgeon if he or she meets the following professional requirements:

- Currently licensed M.D. or D.O. in the State in which he or she practices
- Has 4 years of professional experience, not including residency or other training

Applying for Civil Surgeon Designation

To apply for designation, a physician should submit the following documents to the USCIS District Office having jurisdiction over the area in which he or she intends to practice:

1) Letter to the District Director requesting consideration
2) Copy of a current medical license
3) A current resume that shows 4 years of professional experience, not including a residency or other training
4) Proof of U.S. citizenship or lawful status in the United States
5) Two signature cards showing name typed and signature below

Blanket Designation of Health Department Physicians

- Physicians at health departments who meet the civil surgeon professional qualifications are granted blanket designation as civil surgeons only for the limited purpose of completing the vaccination portion of Form I-693 for refugees adjusting status
- Participation in the blanket designation is optional; health department physicians are not required to act as civil surgeons
- No application is required – as long as the physician is on the roster at a local or State health department and meets the professional qualifications of a civil surgeon, he or she may be considered a blanket-designated civil surgeon
- If a refugee needs to undergo the entire immigration medical exam, he or she must seek a civil surgeon designated under the standard application process

AILA InfoNet Doc. No. 12051051. (Posted 05/17/12)

Refugees Applying for Adjustment of Status

Health department physicians acting as civil surgeons under the blanket designation may ONLY perform the vaccination assessment and ONLY for a refugee who:

- Is applying for adjustment of status under INA 209,
- Already had an immigration medical examination overseas, AND
- Is not required to repeat any part of the immigration medical examination (A refugee who enters the U.S. with a Class A condition will need a complete medical examination performed by a designated civil surgeon.)

Completing Form I-693:

- In this circumstance, only the vaccination page and page 1 of Form I-693 need to be completed

Completing Form I-693: General Overview

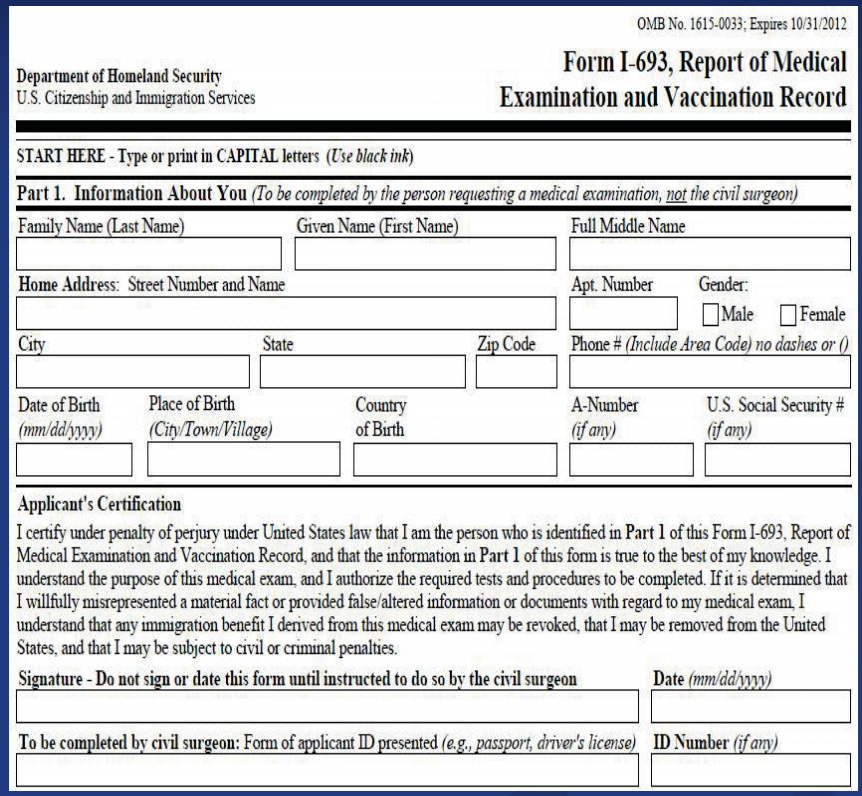
Completing Form I-693

- Main objective is to correctly complete Form I-693 the first time
- Spending time in the beginning to ensure the form is correctly completed will save time later (reduces chance the form will be returned by USCIS)
- Ultimately saves time for civil surgeons, applicants, and USCIS



Completing Form I-693 : Part 1

- Part 1 should be completed by the applicant
- Civil surgeons may complete Part 1 for applicants as long as applicants review accuracy of information before signing the Applicant's Certification
- Civil surgeons may make annotations in Part 1 if there are significant discrepancies between Part 1 and the applicant ID presented



OMB No. 1615-0033; Expires 10/31/2012

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

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

START HERE - Type or print in CAPITAL letters (*Use black ink*)

Part 1. Information About You *(To be completed by the person requesting a medical examination, not the civil surgeon)*

Family Name (Last Name) | Given Name (First Name) | Full Middle Name

Home Address: Street Number and Name | Apt. Number | Gender: ☐ Male ☐ Female

City | State | Zip Code | Phone # *(Include Area Code) no dashes or ()*

Date of Birth *(mm/dd/yyyy)* | Place of Birth *(City/Town/Village)* | Country of Birth | A-Number *(if any)* | U.S. Social Security # *(if any)*

Applicant's Certification

I certify under penalty of 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/altered 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.

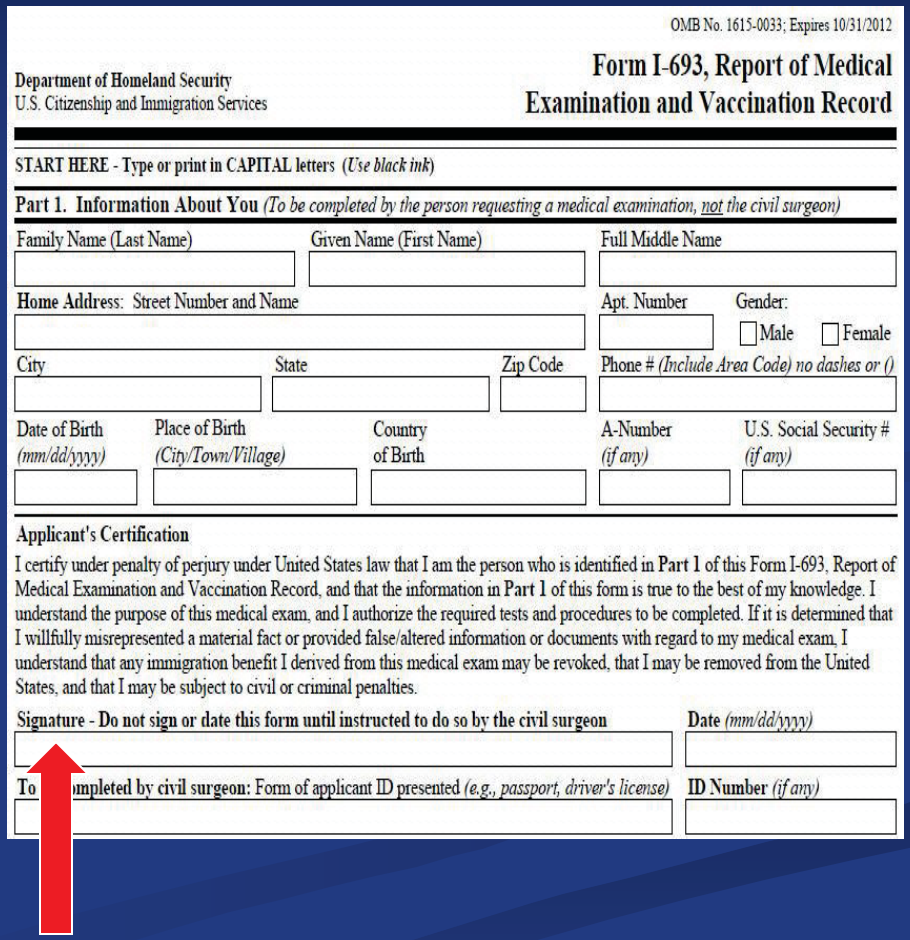
Signature - Do not sign or date this form until instructed to do so by the civil surgeon | **Date** *(mm/dd/yyyy)*

To be completed by civil surgeon: Form of applicant ID presented *(e.g., passport, driver's license)* | **ID Number** *(if any)*

Completing Form I-693 : Part 1

Applicant Signature:

- Applicants should not sign until directed to do so by the civil surgeon after the applicant has met all health follow-up requirements
- *For children under 14 years old:* Parents or legal guardians may sign Form I-693 for the applicant
- *For children 14 years and over:* The applicant must sign Form I-693



OMB No. 1615-0033; Expires 10/31/2012

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

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

START HERE - Type or print in CAPITAL letters *(Use black ink)*

Part 1. Information About You *(To be completed by the person requesting a medical examination, not the civil surgeon)*

Family Name (Last Name) | Given Name (First Name) | Full Middle Name

Home Address: Street Number and Name | Apt. Number | Gender: ☐ Male ☐ Female

City | State | Zip Code | Phone # *(Include Area Code) no dashes or ()*

Date of Birth *(mm/dd/yyyy)* | Place of Birth *(City/Town/Village)* | Country of Birth | A-Number *(if any)* | U.S. Social Security # *(if any)*

Applicant's Certification

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Signature - Do not sign or date this form until instructed to do so by the civil surgeon | **Date** *(mm/dd/yyyy)*

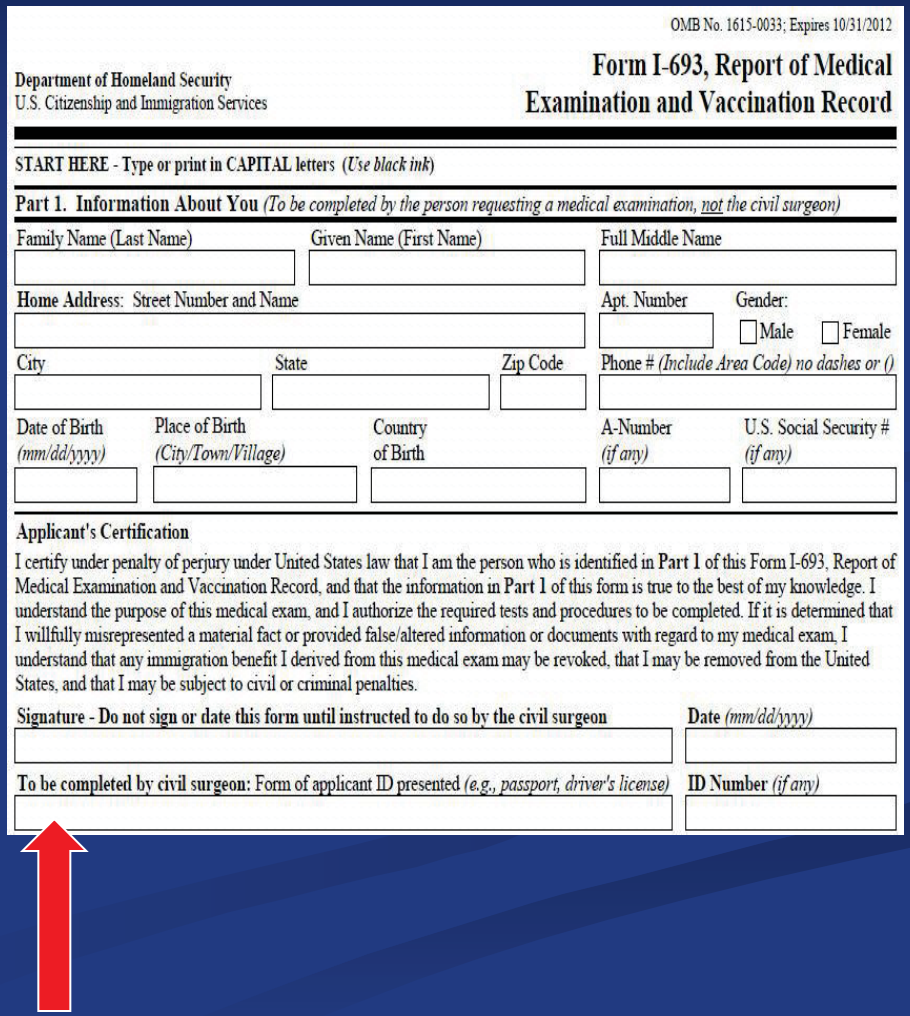
To be completed by civil surgeon: Form of applicant ID presented *(e.g., passport, driver's license)* | **ID Number** *(if any)*

AILA InfoNet Doc. No. 12051051. (Posted 05/17/12)

Completing Form I-693 : Part 1

Verifying Identity:

- Applicants are required to bring government-issued photo ID to the immigration medical exam
- Civil surgeons should verify the identity of the applicant to ensure that the individual undergoing the medical exam is the same individual listed in Part 1
- **New!** Civil surgeons should note the form of applicant ID presented and ID number (if applicable) in Part 1



OMB No. 1615-0033; Expires 10/31/2012

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

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

START HERE - Type or print in CAPITAL letters *(Use black ink)*

Part 1. Information About You *(To be completed by the person requesting a medical examination, not the civil surgeon)*

Family Name (Last Name) | Given Name (First Name) | Full Middle Name

Home Address: Street Number and Name | Apt. Number | Gender: ☐ Male ☐ Female

City | State | Zip Code | Phone # *(Include Area Code) no dashes or ()*

Date of Birth *(mm/dd/yyyy)* | Place of Birth *(City/Town/Village)* | Country of Birth | A-Number *(if any)* | U.S. Social Security # *(if any)*

Applicant's Certification

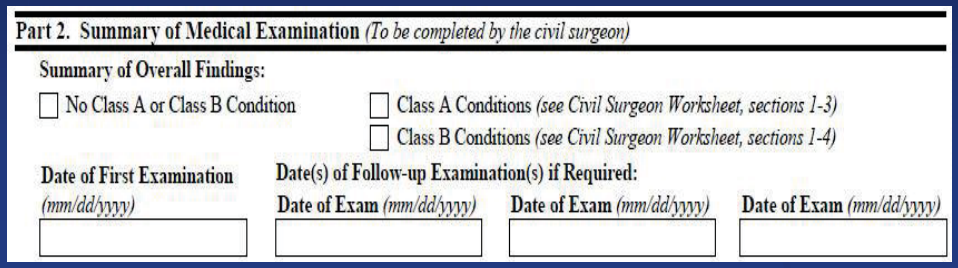
I certify under penalty of perjury under United States law that I am the person who is identified in **Part 1** of this Form I-693, Report of Medical Examination and Vaccination Record, and that the information in **Part 1** of this form is true to the best of my knowledge. I understand the purpose of 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/altered 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 - Do not sign or date this form until instructed to do so by the civil surgeon | **Date** *(mm/dd/yyyy)*

To be completed by civil surgeon: Form of applicant ID presented *(e.g., passport, driver's license)* | **ID Number** *(if any)*

Completing Form I-693: Part 2

- Part 2 provides a summary to the immigration officer of the results of the medical exam



Part 2. Summary of Medical Examination *(To be completed by the civil surgeon)*

Summary of Overall Findings:

☐ No Class A or Class B Condition

☐ Class A Conditions *(see Civil Surgeon Worksheet, sections 1-3)*

☐ Class B Conditions *(see Civil Surgeon Worksheet, sections 1-4)*

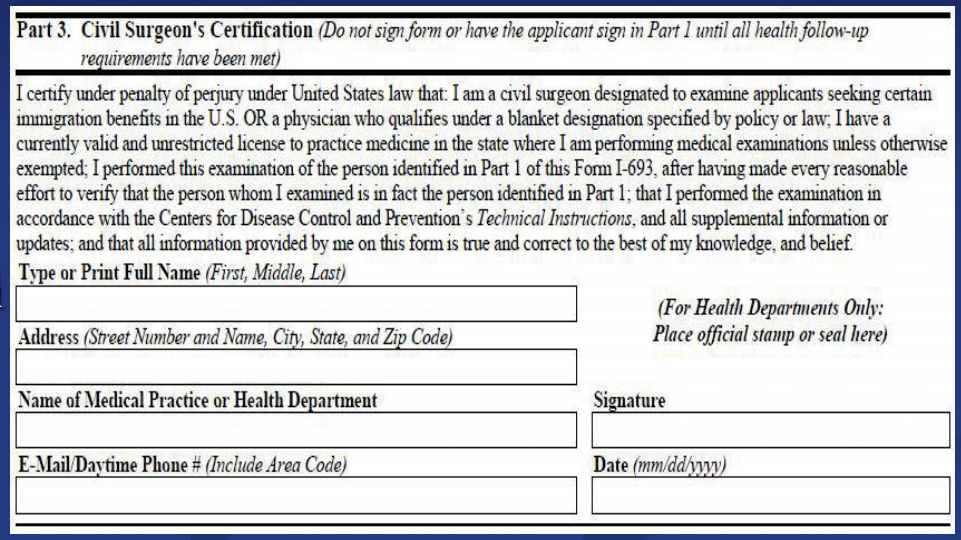
Date of First Examination *(mm/dd/yyyy)*	**Date(s) of Follow-up Examination(s) if Required:** **Date of Exam** *(mm/dd/yyyy)*	**Date of Exam** *(mm/dd/yyyy)*	**Date of Exam** *(mm/dd/yyyy)*

- Civil surgeons should complete Part 2 at the <u>conclusion</u> of the medical examination (after any follow-up is completed)

AILA InfoNet Doc. No. 12051051. (Posted 05/17/12)

Completing Form I-693: Part 3

- Part 3 should be completed by the civil surgeon
- Civil surgeons should only sign and date Form I-693 at the conclusion of the medical examination (after all follow-up evaluation and treatment is completed)



Part 3. 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)*

I certify under penalty of perjury under United States law that: I am a civil surgeon designated to examine applicants seeking certain immigration benefits in the U.S. OR a physician who qualifies under a blanket designation specified by policy or law; I have a currently valid and unrestricted license to practice medicine in the state where I am performing medical examinations unless otherwise exempted; 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 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.

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

(For Health Departments Only: Place official stamp or seal here)

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

Name of Medical Practice or Health Department

Signature

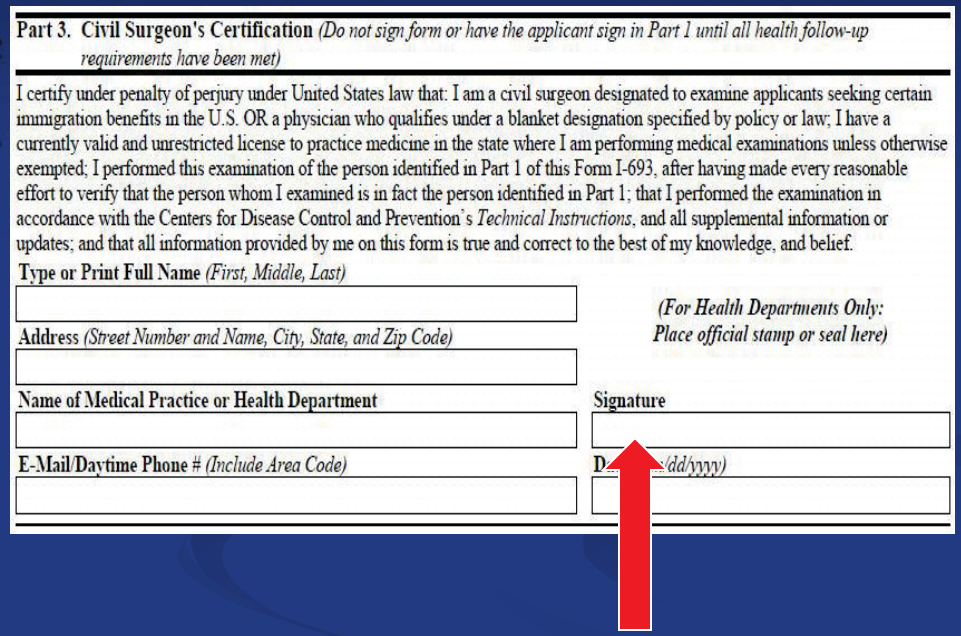
E-Mail/Daytime Phone # *(Include Area Code)*

Date *(mm/dd/yyyy)*

⇨ The "testing age" is considered the age of the applicant on the date of the civil surgeon's signature

Completing Form I-693: Part 3

- The civil surgeon's signature in Part 3 must be an original signature
- **Exception:** A blanket-designated civil surgeon at a health department may provide an original or stamped signature, but it must be the signature of the physician and accompanied by the official stamp or raised seal of the health department



Part 3. 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)*

I certify under penalty of perjury under United States law that: I am a civil surgeon designated to examine applicants seeking certain immigration benefits in the U.S. OR a physician who qualifies under a blanket designation specified by policy or law; I have a currently valid and unrestricted license to practice medicine in the state where I am performing medical examinations unless otherwise exempted; 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 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.

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

(For Health Departments Only: Place official stamp or seal here)

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

Name of Medical Practice or Health Department

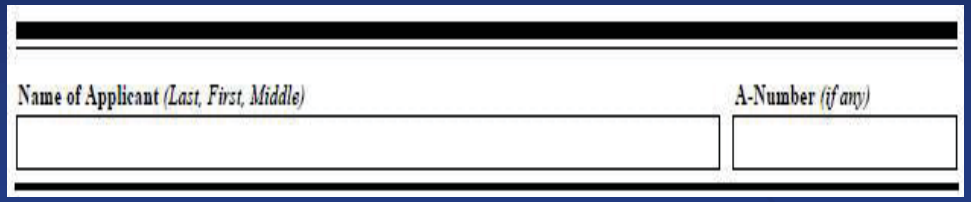
Signature

E-Mail/Daytime Phone # *(Include Area Code)*

D */dd/yyyy)*

Completing Form I-693: Top of pages 2-5

- **New!** Fields added at the top of pages 2-5 of Form I-693

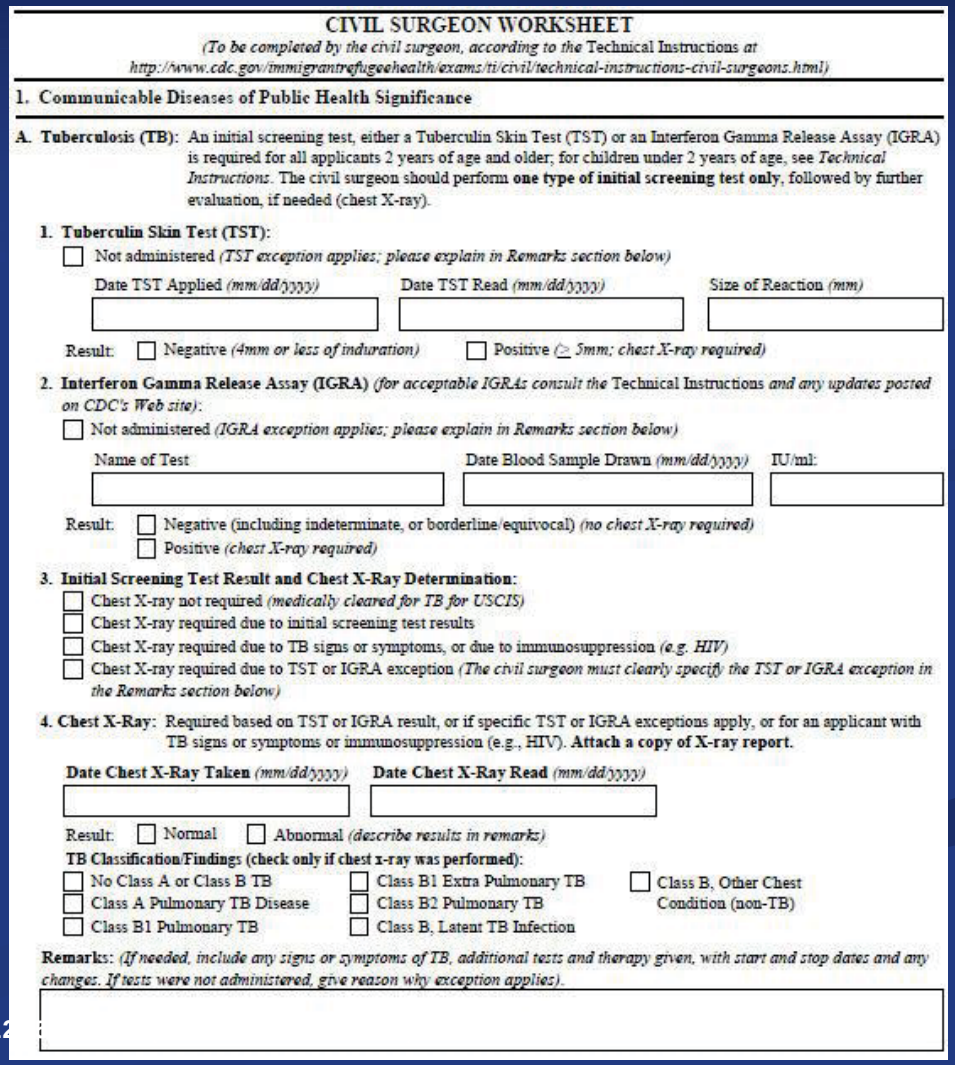


Applicant should fill in his or her name and A-Number, if any

Civil surgeon should check to make sure that these fields are completed

Completing Form I-693: Civil Surgeon Worksheet

The Civil Surgeon Worksheet (pages 2-5 of Form I-693) encompasses the medical aspect of the immigration medical examination.



CIVIL SURGEON WORKSHEET

(To be completed by the civil surgeon, according to the Technical Instructions *at http://www.cdc.gov/immigrantrefugeehealth/exams/ti/civil/technical-instructions-civil-surgeons.html)*

1. Communicable Diseases of Public Health Significance

A. Tuberculosis (TB): 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 *Technical Instructions*. The civil surgeon should perform **one type of initial screening test only**, followed by further evaluation, if needed (chest X-ray).

1. Tuberculin Skin Test (TST):

☐ Not administered *(TST exception applies; please explain in Remarks section below)*

Date TST Applied *(mm/dd/yyyy)* | Date TST Read *(mm/dd/yyyy)* | Size of Reaction *(mm)*

Result: ☐ Negative *(4mm or less of induration)* ☐ Positive *(≥ 5mm; chest X-ray required)*

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)*

Name of Test | Date Blood Sample Drawn *(mm/dd/yyyy)* | IU/ml:

Result: ☐ Negative (including indeterminate, or borderline/equivocal) *(no chest X-ray required)*
☐ Positive *(chest X-ray required)*

3. Initial Screening Test Result and Chest X-Ray Determination:

☐ Chest X-ray not required *(medically cleared for TB for USCIS)*
☐ Chest X-ray required due to initial screening test results
☐ Chest X-ray required due to TB signs or symptoms, or due to immunosuppression *(e.g. HIV)*
☐ Chest X-ray required due to TST or IGRA exception *(The civil surgeon must clearly specify the TST or IGRA exception in the Remarks section below)*

4. Chest X-Ray: Required based on TST or IGRA result, or if specific TST or IGRA exceptions apply, or for an applicant with TB signs or symptoms or immunosuppression (e.g., HIV). **Attach a copy of X-ray report.**

Date Chest X-Ray Taken *(mm/dd/yyyy)* | **Date Chest X-Ray Read** *(mm/dd/yyyy)*

Result: ☐ Normal ☐ Abnormal *(describe results in remarks)*

TB Classification/Findings (check only if chest x-ray was performed):

☐ No Class A or Class B TB
☐ Class A Pulmonary TB Disease
☐ Class B1 Pulmonary TB
☐ Class B1 Extra Pulmonary TB
☐ Class B2 Pulmonary TB
☐ Class B, Latent TB Infection
☐ Class B, Other Chest Condition (non-TB)

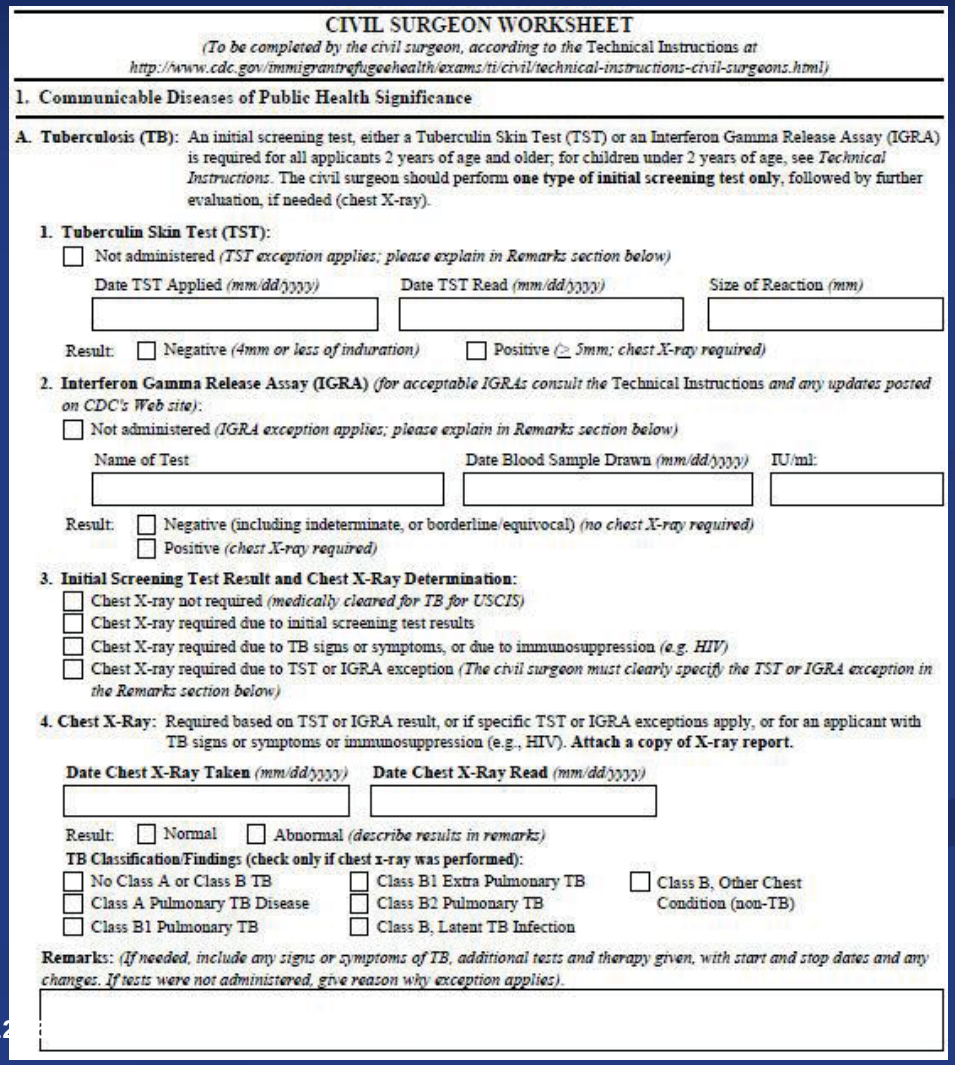
Remarks: *(If needed, include any signs or symptoms of TB, additional tests and therapy given, with start and stop dates and any changes. If tests were not administered, give reason why exception applies).*

Completing Form I-693: Civil Surgeon Worksheet

The Civil Surgeon Worksheet is divided into SIX sections (followed by the Vaccination Record):

- Section 1. Communicable Diseases of Public Health Significance
- Section 2. Physical and Mental Disorders with Associated Harmful Behavior
- Section 3. Drug Abuse/Drug Addiction
- Section 4. Other Medical Conditions

Generally, all of these sections must be completed (but there are exceptions).



CIVIL SURGEON WORKSHEET

(To be completed by the civil surgeon, according to the Technical Instructions *at http://www.cdc.gov/immigrantrefugeehealth/exams/ti/civil/technical-instructions-civil-surgeons.html)*

1. Communicable Diseases of Public Health Significance

A. Tuberculosis (TB): 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 *Technical Instructions*. The civil surgeon should perform **one type of initial screening test only**, followed by further evaluation, if needed (chest X-ray).

1. Tuberculin Skin Test (TST):

☐ Not administered *(TST exception applies; please explain in Remarks section below)*

Date TST Applied *(mm/dd/yyyy)* | Date TST Read *(mm/dd/yyyy)* | Size of Reaction *(mm)*

Result: ☐ Negative *(4mm or less of induration)* ☐ Positive *(≥ 5mm; chest X-ray required)*

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)*

Name of Test | Date Blood Sample Drawn *(mm/dd/yyyy)* | IU/ml:

Result: ☐ Negative (including indeterminate, or borderline/equivocal) *(no chest X-ray required)*
☐ Positive *(chest X-ray required)*

3. Initial Screening Test Result and Chest X-Ray Determination:

☐ Chest X-ray not required *(medically cleared for TB for USCIS)*
☐ Chest X-ray required due to initial screening test results
☐ Chest X-ray required due to TB signs or symptoms, or due to immunosuppression *(e.g. HIV)*
☐ Chest X-ray required due to TST or IGRA exception *(The civil surgeon must clearly specify the TST or IGRA exception in the Remarks section below)*

4. Chest X-Ray: Required based on TST or IGRA result, or if specific TST or IGRA exceptions apply, or for an applicant with TB signs or symptoms or immunosuppression (e.g., HIV). **Attach a copy of X-ray report.**

Date Chest X-Ray Taken *(mm/dd/yyyy)* | **Date Chest X-Ray Read** *(mm/dd/yyyy)*

Result: ☐ Normal ☐ Abnormal *(describe results in remarks)*

TB Classification/Findings (check only if chest x-ray was performed):

☐ No Class A or Class B TB
☐ Class A Pulmonary TB Disease
☐ Class B1 Pulmonary TB
☐ Class B1 Extra Pulmonary TB
☐ Class B2 Pulmonary TB
☐ Class B, Latent TB Infection
☐ Class B, Other Chest Condition (non-TB)

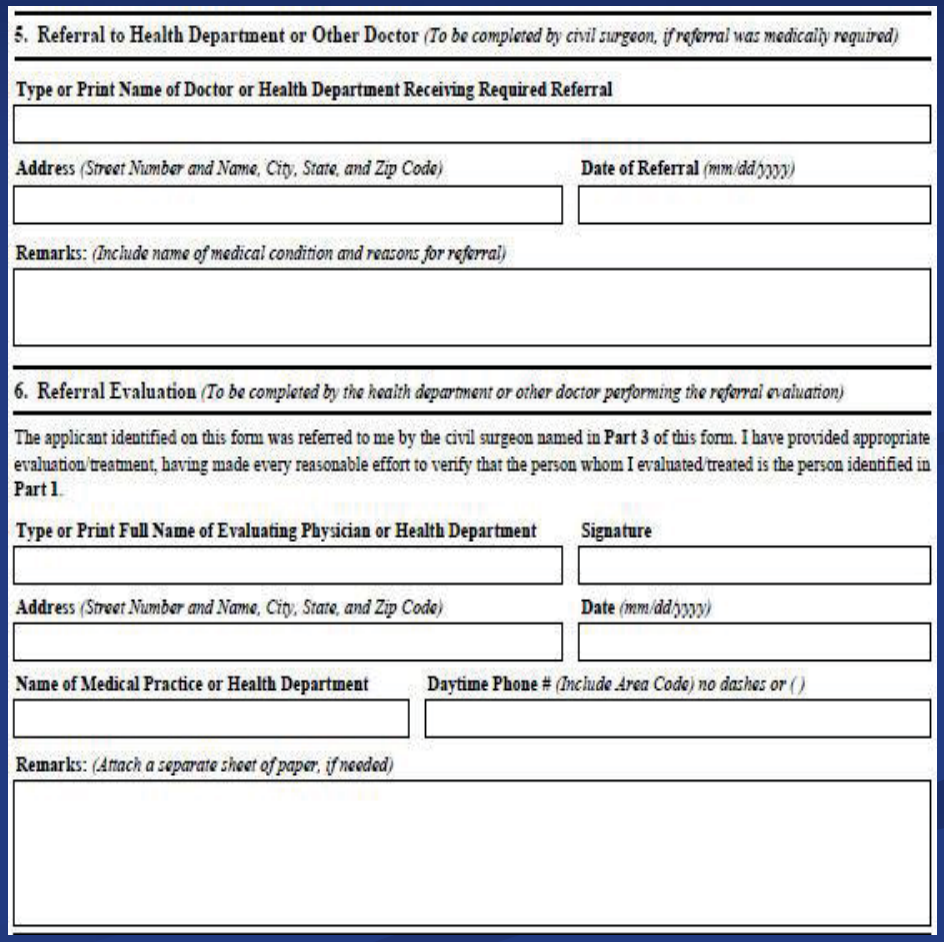
Remarks: *(If needed, include any signs or symptoms of TB, additional tests and therapy given, with start and stop dates and any changes. If tests were not administered, give reason why exception applies).*

Completing Form I-693: Civil Surgeon Worksheet

Civil Surgeon Worksheet (cont'd):

- **Section 5. Referral to Health Department or Other Doctor**
- **Section 6. Referral Evaluation**

These sections should only be completed if a referral was made during the immigration medical exam.



5. Referral to Health Department or Other Doctor *(To be completed by civil surgeon, if referral was medically required)*

Type or Print Name of Doctor or Health Department Receiving Required Referral

Address *(Street Number and Name, City, State, and Zip Code)* | **Date of Referral** *(mm/dd/yyyy)*

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

6. Referral Evaluation *(To be completed by the health department or other doctor performing the referral evaluation)*

The applicant identified on this form was referred to me by the civil surgeon named in **Part 3** of this form. I have provided appropriate evaluation/treatment, having made every reasonable effort to verify that the person whom I evaluated/treated is the person identified in **Part 1**.

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 #** *(Include Area Code) no dashes or ( )*

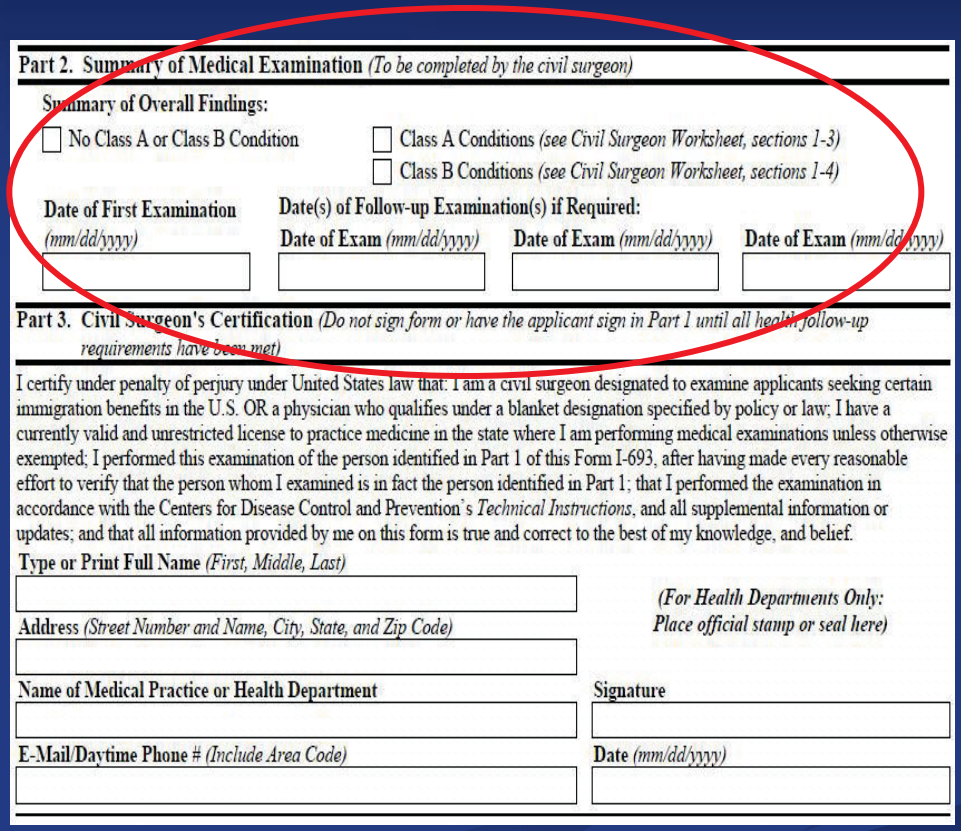
Remarks: *(Attach a separate sheet of paper, if needed)*

AILA InfoNet Doc. No. 12051051. (Posted 05/17/12)

Completing Form I-693: Final Review

At the end of the immigration medical exam:

- Ensure that all follow-up evaluation and treatment is completed
- Ensure that all Findings/Results boxes are completed for each section
- Ensure that Part 2 ("Summary of Medical Examination") is completed



Part 2. Summary of Medical Examination *(To be completed by the civil surgeon)*

Summary of Overall Findings:

☐ No Class A or Class B Condition

☐ Class A Conditions *(see Civil Surgeon Worksheet, sections 1-3)*

☐ Class B Conditions *(see Civil Surgeon Worksheet, sections 1-4)*

Date of First Examination *(mm/dd/yyyy)*

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

Date of Exam *(mm/dd/yyyy)* | **Date of Exam** *(mm/dd/yyyy)* | **Date of Exam** *(mm/dd/yyyy)*

Part 3. 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)*

I certify under penalty of perjury under United States law that: I am a civil surgeon designated to examine applicants seeking certain immigration benefits in the U.S. OR a physician who qualifies under a blanket designation specified by policy or law; I have a currently valid and unrestricted license to practice medicine in the state where I am performing medical examinations unless otherwise exempted; 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 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.

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

(For Health Departments Only: Place official stamp or seal here)

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

Name of Medical Practice or Health Department

Signature

E-Mail/Daytime Phone # *(Include Area Code)*

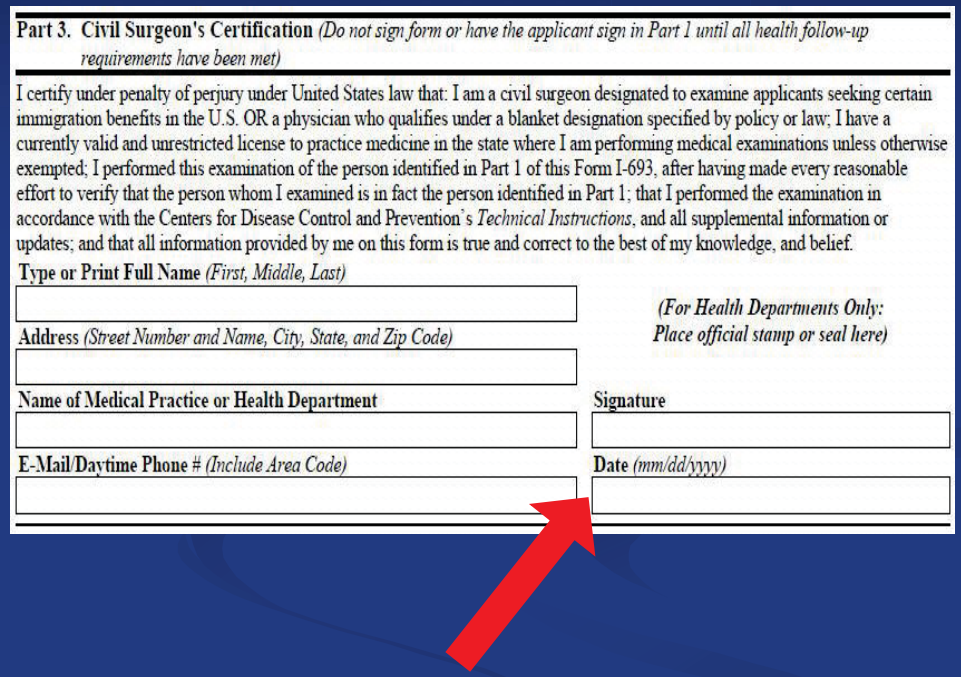
Date *(mm/dd/yyyy)*

Completing Form I-693: Civil Surgeon's Certification

The last action on Form I-693 should be the civil surgeon's signature and date in Part 3.

The civil surgeon should make <u>two copies</u> of the completed and signed Form I-693, and any supporting documentation that will be submitted to USCIS.

- The civil surgeon should keep one copy.
- The applicant should receive one copy.



Part 3. 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)*

I certify under penalty of perjury under United States law that: I am a civil surgeon designated to examine applicants seeking certain immigration benefits in the U.S. OR a physician who qualifies under a blanket designation specified by policy or law; I have a currently valid and unrestricted license to practice medicine in the state where I am performing medical examinations unless otherwise exempted; 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 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.

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

(For Health Departments Only: Place official stamp or seal here)

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

Name of Medical Practice or Health Department

Signature

E-Mail/Daytime Phone # *(Include Area Code)*

Date *(mm/dd/yyyy)*

Completing Form I-693: Civil Surgeon's Certification

The original Form I-693 and any supporting documents should be placed into an envelope and sealed. On the front of the envelope, write in capital letters: "DO NOT OPEN. FOR USCIS USE ONLY."



On the back of the envelope, the civil surgeon should write his or her initials across the seal where the flap and the envelope meet.

(See Form I-693 instructions.)

Frequently Asked Questions

Frequently Asked Questions

Q: What is the role of previous test results and validity of those results?

A: The TIs indicate that it is the responsibility of the civil surgeon to ensure that the person undergoing the immigration medical exam is the same person as the one applying for immigration benefits (see Role of Civil Surgeon in the Introduction and Background section of the TIs for Civil Surgeons at: http://www.cdc.gov/immigrantrefugeehealth/exams/ti/civil/technical-instructions/civil-surgeons/introduction-background.html)

In addition, the immigration medical exam is used as a "snapshot in time" to assess an applicant's admissibility as part of the adjustment application. In order for the medical exam to be relied upon as a snapshot in time, assessments of all relevant medical conditions and vaccinations received should be made at the time of the medical exam.

For this reason, medical tests outside of the immigration medical examination are not accepted by USCIS. (However, records of prior vaccinations received may be presented to and used by the civil surgeon to update the applicant's vaccination record on Form I-693.)

AILA InfoNet Doc. No. 12051051. (Posted 05/17/12)

Frequently Asked Questions

Q: What should I do if an applicant is deferred inspection by CBP and comes to me for an immigration medical examination?

A: Customs and Border Protection (CBP) officers inspect individuals for admission or parole at U.S. ports of entry. A CBP officer may require an individual to undergo an immigration medical exam, for instance, if an individual's required medical report completed by a panel physician is expired, or to confirm whether or not an individual has an inadmissible health condition.

In this case, the CBP officer may require the individual to undergo an immigration medical examination outside the U.S. (to be performed by a panel physician) or inside the U.S. (to be performed by a civil surgeon). If the applicant is allowed to undergo the exam inside the U.S., then he or she has been granted deferred inspection and must return to CBP for inspection after completing the medical exam.

If a civil surgeon sees an applicant who has been granted deferred inspection by CBP, he or she should perform the entire medical examination, not just part of the exam, as he or she normally would on Form I-693.

AILA InfoNet Doc. No. 12051051. (Posted 05/17/12)

Questions?

Contact Information

- For questions on civil surgeon designation, Form I-693, or immigration issues in general, please contact the civil surgeon coordinator in your jurisdiction

- Civil Surgeon Locator (public listing of civil surgeons):
  - Go to: www.uscis.gov and click the link for "**Find A Medical Doctor (Civil Surgeon)"** on the left side of the page
  - Call the **USCIS National Customer Service Center** at 1-800-375-5283 and follow the instructions to hear a recorded listing of civil surgeons in your area

Contact Information

- For questions about the Technical Instructions and medical exam requirements:
  - Go to: http://www.cdc.gov/immigrantrefugeehealth/exams/ti/civil/technical-instructions-civil-surgeons.html

U.S. Department of Homeland Security
U.S. Citizenship and Immigration Services
Office of Public Engagement (MS 2640)
Washington, DC 20529-2000

U.S. Citizenship and Immigration Services

Seminar Invitation

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Civil Surgeon Seminar: Overview of Form I-693 and Immigration Medical Exams
Thursday, May 17, 2012, 12:00pm (Eastern)

U.S. Citizenship and Immigration Services (USCIS) invites any interested individuals to participate in a seminar for civil surgeons on **Thursday, May 17, 2012 from 12:00pm to 1:00pm (Eastern).**

During the session USCIS will provide an overview of the requirements for completing Form I-693, Report of Medical Exam and Vaccination Record and conducting immigration medical exams. The seminar will focus on how to complete Form I-693. It will secondarily focus on civil surgeons' roles and responsibilities. Subject matter experts from USCIS and the Department of Health and Human Services Centers for Disease Control and Prevention (CDC) will be available to respond to civil surgeons' questions.

This will be the first in a series of seminars on topics related to Form I-693 and the immigration medical exam. USCIS has established the following schedule for civil surgeon seminars:

Date (all times Eastern)	**Topic**
Thursday, May 17 12:00 – 1:00 pm	Overview of Form I-693 and Immigration Medical Exams
Tuesday, May 22 1:00 – 2:00 pm	Communicable Diseases
Tuesday, June 5 2:00 – 3:00 pm	Physical or Mental Disorders with Associated Harmful Behavior
Tuesday, June 12 3:00 – 4:00 pm	Vaccinations

To Participate in the May 17 Session
Please email the Office of Public Engagement no later than Wednesday, May 16, 2012 at Public.Engagement@uscis.dhs.gov and reference "Civil Surgeon" in the subject line of your email.

Following your registration, we will provide an email confirmation with information on how to join the session.

We look forward to engaging with you!

AILA InfoNet Doc. No. 12051051. (Posted 05/10/12)