

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

Reason for Revision: Fee Rule
Project Phase:

Legend for Proposed Text:

- Black font = Current text
- Red font = Changes

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| Page 2, Part 4. Statement by Physician or Health Facility | [Page 1] ... 2. Name of Physician Family Name (Last Name) Given Name (First Name) Middle Name (if applicable) ... | [Page 1] ... 2. Name of Physician Family Name (Last Name) Given Name (First Name) Middle Name ... |