

PAPERWORK REDUCTION ACT CHANGE WORKSHEET

Agency/subagency Department of Homeland Security, U.S. Citizenship and Immigration Services	OMB Control Number 1615 - 0033
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Enter only items that change


Current record	New record
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Agency form number (s) I-693		
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Annual reporting and recordkeeping hour burden		
Number of respondents		
Total annual responses		
Percent of these responses collected electronically	0 %	0 %
Total annual hours		
Difference		
Explanation of difference		
Program change Adjustment		

Annual reporting and recordkeeping cost burden (in thousands of dollars)		
Total annualized Capital/Startup costs		
Total annual costs (O&M)		
Total annualized cost requested		
Difference		
Explanation of difference		
Program change Adjustment		

Other changes**
 USCIS is making some cosmetic changes to the Instructions and a minor change to the Form. See attached table of changes and justification.

Signature of Senior Official or designee:  Stephen Tarragon	Date: 3-24-08	For OIRA Use _____ _____
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** This form cannot be used to extend an expiration date.

Changes to Form I-693 Instructions

- On p. 1, under “How Do I Fill Out My Portion of Form I-693?,” item G, # has been changed to “number”.
- On p. 2, under “What Are My Responsibilities as a Designated Civil Surgeon?,” item 3, the second paragraph has been deleted
- On p. 3, under “What Are My Responsibilities as a Designated Civil Surgeon?,” item 4A., in the first sentence, the words “or skin test” have been deleted.
- On p. 3, under “How Do I Fill Out My Portion of This Form?,” Part 5 – Civil Surgeon’s Certification – the sentence “Note: For referrals, complete the identifying information in this part” has been changed to “Complete the identifying information in this part before referring an applicant for further tests or evaluation.”
- On p.3, last sentence, “and supplements” deleted.
- On p. 4, first paragraph, second sentence “Section 2” changed to “Part 2.” In the third sentence, “supplement” deleted.
- On p. 4, under “Frequently Asked Questions,” question 1, second paragraph, second sentence, “Part 1, Information about you, and” added
- On p. 4, under “Frequently Asked Questions,” question 1, second paragraph, this sentence added at the end of the paragraph: “The state or local health department must also complete Part 6 of the form.”
- On p. 4, under “Frequently Asked Questions,” question 2, part b revised to read: “You will, however, be required to complete Part 1, Information about you, and submit the vaccination section of Part 2 with your adjustment of status application. A designated civil surgeon must complete the vaccination section and sign Part 5, Civil Surgeon’s Certification.
- On p. 4, under “Frequently Asked Questions,” question 3D, part b revised to read: “You will, however, be required to complete Part 1, Information about you, and submit the vaccination section of Part 2 with your adjustment of status application. A designated civil surgeon must complete the vaccination section and sign Part 5, Civil Surgeon’s Certification.
- On p. 5, item 7, last sentence “do” changed to “perform”
- On p. 5, under “Communicable Diseases of Public Health Significance,” the following sentence added: “The medical exam also indicates an evaluation for other sexually transmitted diseases and Hansen’s disease (leprosy).”

Changes to Form I-693 Form

- Added Part 2, item 6.
- The following vaccines removed from the list of required vaccinations: rotavirus, meningococcal, hepatitis A, human papillomavirus. These vaccines have been removed because they are not currently included in the list of required vaccinations found in CDC’s Technical Instructions for Civil Surgeons and are not listed as required vaccines in HHS regulations. Further, they have never been vaccines that were required for adjustment of status, so removing them from the form does not constitute any change in current policy.