## Table of Changes Form I-693 06-29-09

Instructions	CURRENT LANGUAGE	PROPOSED LANGUAGE
Page 1,	Section I. Applicant's	Section I. Applicant's
Section I, "What is the Purpose of Form I-	<b>Instructions</b> A list of those health grounds can be found in Section 212(a)(1) of the Immigration and Nationality Act.	<b>Instructions</b> A list of those health grounds can be found in Section 212(a)(1) of the Immigration and Nationality Act. The list is also
693"?	The list is also available in <b>Question 7</b> of Section III, Frequently Asked Questions.	available in <b>Question 8</b> of Section III, Frequently Asked Questions.
	NOTE: If you are applying for adjustment of status at least one year after your first admission to the United States as a refugee or as a "K" or "V" nonimmigrant visa holder, see Questions 1 - 3 in Section III, Frequently Asked Questions, before proceeding any further.	NOTE: If you are applying for adjustment of status as a refugee, an asylee dependent, or as a "K" or "V" nonimmigrant visa holder, see Questions 1 - 4 in Section III, Frequently Asked Questions, before proceeding any further.
Page 1,	How Do I Find a Designated	How Do I Find a Designated Civil
Section I,	Civil Surgeon in the Area	Surgeon in the Area Where I
How Do I	Where I Live?	Live?
Find a	To find a designated civil surgeon	To find a designated civil surgeon in
Designated	5 0	
Civil	in your area, you can call the	your area, you can call the USCIS
Surgeon in	0	5
0	in your area, you can call the	your area, you can call the USCIS
the Area	in your area, you can call the USCIS National Customer Service	your area, you can call the USCIS National Customer Service Center
the Area Where I	in your area, you can call the USCIS National Customer Service Center (NCSC) at <b>1-800-375-5283</b> and follow the instructions in the automated menu. Service is	your area, you can call the USCIS National Customer Service Center (NCSC) at <b>1-800-375-5283</b> and follow the instructions in the automated menu. Service is
the Area	in your area, you can call the USCIS National Customer Service Center (NCSC) at <b>1-800-375-5283</b> and follow the instructions in the automated menu. Service is available in English and Spanish.	your area, you can call the USCIS National Customer Service Center (NCSC) at <b>1-800-375-5283</b> and follow the instructions in the automated menu. Service is available in English and Spanish. A
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the Area Where I	in your area, you can call the USCIS National Customer Service Center (NCSC) at <b>1-800-375-5283</b> and follow the instructions in the automated menu. Service is available in English and Spanish. A list of the designated civil surgeons in your area can also be generated by going to the civil surgeon page from the USCIS Web site at <b>www.uscis.gov</b> and	your area, you can call the USCIS National Customer Service Center (NCSC) at <b>1-800-375-5283</b> and follow the instructions in the automated menu. Service is available in English and Spanish. A list of the designated civil surgeons in your area can also be generated by going to the civil surgeon page from the USCIS Web site at <b>www.uscis.gov</b> and clicking on the civil surgeon locator under "Immigration Medical
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Civil Surgeon's Instructions, What Are My Responsibili ties as a Designated Civil Surgeon?	available on the CDC's website at http://www.cdc.gov/ncidod/dq/ci vil.htm. CDC also posts periodic updates to the <i>Technical</i> <i>Instructions</i> at http://www.cdc.gov/ncidod/dq/u pdates.htm.	periodic updates to the <i>Technical</i> <i>Instructions</i> posted by CDC) are available on the CDC Web site at http://www.cdc.gov/ncidod/dq/civi l.htm.
	4.	4.
	A. Refer the applicant to the local health department if the chest X-ray suggests TB or other circumstances are present as described in CDC's <i>Technical Instructions</i> . NOTE: CDC also recommends referral to the local health department when the chest X-ray is normal or not suggestive TB, but the applicant has a tuberculin skin test reaction of $\geq$ 10mm, in order to evaluate the possible need for preventative therapy.	A. Refer the applicant to the local health department if the chest x-ray suggests TB or other circumstances are present as described in CDC's <i>Technical Instructions</i> .
Page 3.	Give the results to the applicant.	Make two copies of the completed
Section II.	Give the completed Form I-693 to	and signed Form I-693, and any
Civil Surgeon's	the applicant in a sealed envelope. On the front of the envelope write	supporting documentation (such
Instructions,	in capital letters: " <u>DO NOT</u>	as x-ray reports or other reports) that you submit to USCIS. You
What Do I	OPEN. FOR USCIS USE	should keep a copy of Form I-693
Do After the	<b>ONLY</b> ." On the back of the	and any supporting documentation
Medical	envelope, write your initials across	that you submit to USCIS for your
Exam and	the line where the flap of the	records. Give the other copy of the
Follow-Up	envelope and the envelope meet.	completed and signed Form I-693
(If	Then, with clear cellophane tape,	and any supporting documentation
Required)	place the tape with half on the flap	to the applicant. The vaccination
Are	of the envelope and half on the	portion of Form I-693 will serve as

Completed?	envelope across the envelope's entire width (and across your initials). USCIS will not accept Form I-693 if it is not in a sealed envelope or if the envelope is altered in any way. Also, you should keep a copy of the I-693 for your records. <b>Return all supporting medical</b>	the applicant's official vaccination record and may be retained by the applicant for future use in establishing compliance with vaccination requirements (example: school, day care, employment, etc.). <b>Prepare the original of the</b>
	documents to the applicant and give them a copy of the vaccination record. Return all supporting medical documents, including chest X rays (if obtained), directly to the applicant. In addition, give the applicant a copy of the completed vaccination record in <b>Part 2.</b> This will serve as the applicant's official vaccination record and may be retained by the applicant for future use in establishing compliance with vaccination requirements. (Example: school, day care, employment, etc.)	completed and signed Form I-693 for submission to USCIS. Place the original of the completed and signed Form I-693 and any supporting documentation (such as x-ray reports or other reports) into an envelope, and then seal the envelope, on the front of the envelope, write in capital letters: "DO NOT OPEN. FOR USCIS USE ONLY." On the back of the envelope, write your initials across the seal where the flap of the envelope and the envelope meet. Seal the entire flap with clear cellophane tape; make sure that the tape, in addition to the flap, also covers your initials. Give the sealed envelope to the applicant.
		The applicant must submit the envelope to USCIS. IMPORTANT: USCIS will not accept Form I-693 if it is not in a sealed envelope or if the envelope is altered in any way. Return all supporting medical documents that were not required
Page 4, Section III Frequently	2. What if I am a K nonimmigrant visa holder and already had a medical exam	<ul> <li>to be included in the sealed envelope to the applicant.</li> <li>2. What if I am a K nonimmigrant visa holder and already had a medical exam overseas?</li> </ul>

Questions	If you were admitted as a:  C. You received a medical examination prior to admission, then- a. You are not required to have another medical examination as long as your Form I-485, Application to Register Permanent Residence or Adjust Status, is filed within one year of your overseas medical examination. b. You will, however, to 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 Part 5, the Civil Surgeon's Certification.	If you were admitted as a:  C. You received a medical examination prior to admission, then: a. You are not required to have another medical examination as long as your Form I-485, Application to Register Permanent Residence or Adjust Status, is filed within one year of your overseas medical examination, and the medical examination did not reveal a Class A medical condition. b. Even if a new medical examination is not required, you still must show proof that you complied with the vaccination requirements. If the vaccination record (DS 3025) was not properly completed and included as part of the original, overseas medical examination report, you will have to have the vaccination report completed by a designated civil surgeon. In this case, you are required to submit <b>Part 1,</b> Information About You, <b>Part 2,</b> the
	3. What if I am a V nonimmigrant visa holder and already had a medical exam overseas? If you were admitted to the United	surgeon. In this case, you are required to submit <b>Part 1</b> ,
	States or obtained status while in the United States as a:	•••

	D. You received a medical examination prior to admission or obtaining V status, then-	D. You received a medical examination prior to admission or obtaining V status, then:
	<b>a.</b> You are not required to have another medical examination as long as your Form I-485, Application to Register Permanent Residence or Adjust Status, is filed within one year of your overseas medical examination.	<b>a</b> . You are not required to have another medical examination as long as your Form I-485, Application to Register Permanent Residence or Adjust Status, is filed within one year of your overseas medical examination, and the medical examination did not reveal a Class A medical condition.
	<b>b.</b> You will, however, be required to <b>Part 1</b> , Information about you, and submit the vaccination section of <b>Part 2</b> with you adjustment of status application. A designated civil surgeon must complete the vaccination section and <b>Part 5</b> , the Civil Surgeon's Certification.	<b>b.</b> Even if a new medical examination is not required, you still must show proof that you complied with the vaccination requirements. If the vaccination record was not properly completed and included as part of the original, medical examination report, you will have to have the vaccination report completed by a designated civil surgeon. In this case, you are required to complete <b>Part 1</b> , Information About You, and submit the vaccination section, <b>Part 2</b> , with the proper Civil Surgeon's Certification, <b>Part 5</b> of Form I-693
Page 4, Section III, Frequently Asked Questions	[Add between Question 3 and Question 4 a new Question 4 and Redesignate subsequent questions as 5. etc.]	4. What if I am an asylee dependent applying for adjustment of status and already had a medical exam overseas?
Questions		If you were admitted to the United States as an asylee dependent, you generally do not need to repeat the entire medical exam you had overseas at the time of submission of Form I-485, provided that: <b>A.</b> No Class A condition was found during the exam; and

		<ul> <li>B. You have applied for adjustment of status within one year of eligibility to file.</li> <li>You will, however, be required to comply with the vaccination requirement and complete Part 1, Information About You, and submit the vaccination section of Part 2 with your Form I-485. A designated civil surgeon must complete the vaccination section and Part 5, Civil Surgeon Certification.</li> </ul>
Page 4,	5. How do I know whether a	6. How do I know whether a
Section III.	doctor is a designated civil	doctor is a designated civil
Frequently	surgeon?	surgeon?
Asked	You can obtain a list of the	You can obtain a list of the
Questions. "How do I	designated civil surgeons by	designated civil surgeons by calling
know	calling the USCIS National Customer Service Center at <b>1-800</b> -	the USCIS National Customer Service Center at <b>1-800-375-5283</b> ,
whether a	<b>375-5283</b> , visiting the civil	visiting the civil surgeon page from
doctor is a	surgeon page from the USCIS	the USCIS Web site at
designated	Web site at <b>www.uscis.gov</b> , and	www.uscis.gov, and clicking on the
civil	clicking on the civil surgeon	"Civil Surgeon Locator" under
surgeon?	locator link, or by visiting your	"Immigration Medical
	local USCIS office.	Examinations" of the "Services and
		Benefits" section, or by visiting
Page 5,	7 What are the medical grounds	your local USCIS office.
Section III.	7. What are the medical grounds of inadmissibility?	8. What are the medical grounds of inadmissibility?
Frequently	The medical grounds of	The medical grounds of
Asked	inadmissibility under U.S.	inadmissibility under U.S.
Questions.	immigration laws are divided into	immigration laws are divided into
"What are	four categories communicable	four categories:
the medical	diseases of public health	
grounds of	significance, lack of required	(a) Communicable diseases of
inadmissibili	vaccinations, physical or mental disorders with harmful behavior,	public health significance;
ty?	and drug abuse/drug addiction.	<b>(b)</b> Lack of required vaccinations;
	The civil surgeon is required to	(c) Each of required vaccinations,
	perform a general physical exam	(c) Physical or mental disorders
	and specific evaluations, as	with harmful behavior;
	described below.	
		(d) Drug abuse or addiction.

		The civil congress is required to
		The civil surgeon is required to
		perform a general physical
		examination and specific
		evaluations, as described below.
Page 5,	All applicants two years of age	All applicants two years of age and
Section III.	and older are required to have a	older are required to be tested for
Frequently	tuberculin skin test (TST) given	TB with an initial screening test.
Asked	by the Mantoux technique. (Civil	Civil surgeons may require an
Questions,	surgeons may require an	applicant younger than two years of
Communica	applicant younger than two	age to undergo testing if there is
ble Diseases	years to undergo a TST if there	evidence of contact with a person
of Public	is evidence of contact with a	known to have tuberculosis or other
Health	person known to have	reasons to suspect tuberculosis. The
Significance,	tuberculosis or other reasons to	physician may administer only one
Chart,	suspect tuberculosis.) After the	of the following initial screening
Tuberculosis	1	tests:
(TB)	skin test, the applicant will need to	
(1D)	return to the civil surgeon within 48 to 72 hours to have the results	1 Tubergulin Chin Test (TCT) given
		<b>1.</b> Tuberculin Skin Test (TST) given
	read. If you have a reaction of four	by the Mantoux technique. After the
	millimeters or less, generally you	skin test, you will need to return to
	will not need any further tests for	the civil surgeon within 48 to 72
	TB. A chest X-ray is required	hours to have the result read. If you
	when the reaction to the TST is	have a reaction of four millimeters
	five millimeters or more. The civil	or less, generally, you will not need
	surgeon will explain the medical	any further tests for TB. A chest x-
	requirements to you in more	ray is required when the reaction to
	detail.	the TST is five millimeters or more.
		The civil surgeon will explain the
		medical requirements to you in
		more detail.
		<b>2.</b> QuantiFERON®-TB Gold (QFT-
		G) Test. This blood test is an option
		for most but not all applicants (see
		update to <i>Technical Instructions</i> at
		http://www.cdc.gov/ncidod/dq/up
		<b>dates.htm</b> ). You will not have to
		return to the civil surgeon's office
		for the result to be read; the result is
		generally available within 24 hours.
		If the test is negative, you generally
		will not need any further tests for
		TB. Depending on the result of the
		test, further evaluation with a chest
		x-ray may be required. The civil
		surgeon will explain the medical

[		
		requirements to you in more detail.
		<b>3.</b> T-SPOT® TB test. This blood test is an option for most but not all applicants (see update to <i>Technical Instructions</i> ). You will not have to return to the civil surgeon's office to have the result read; the results are generally available within one day. If the test is negative, you generally will not need any further tests for TB. Depending on the result of the test, further evaluation with a chest x-ray may be required. The civil surgeon will explain the medical requirements to you in more detail.
Page 5,	Vaccination Doquirements	Vaccination Requirements
Vaccination	<b>Vaccination Requirements</b> HHS has determined that a	HHS has determined that a
Requiremen	vaccine is "not medically	vaccine is "not medically
ts.	appropriate" if <b>(a)</b> the vaccine is	appropriate" if:
	not recommended for your	
	specific age group; <b>(b)</b> there is a	(a) the vaccine is not recommended
	medical reason why it would not be safe to have the vaccine (for	for your specific age group;
	example, allergies to eggs and	<b>(b)</b> There is a medical reason why it
	yeast, pregnancy, hypersensitivity	would not be safe to have the
	to prior vaccines, or other medical	vaccine (for example, allergies to
	reasons); or <b>(c)</b> you are unable to	eggs and yeast, hypersensitive to
	complete the entire series of a	prior vaccines, other medical
	required vaccine within a reasonable amount of time.	reasons;
		(c) You are unable to complete the
		entire series of a required vaccine
		within a reasonable amount of time.
		(d) For the influenza vaccine, it is
		not the flu season.
FORM	CURRENT LANGUAGE	PROPOSED LANGUAGE
Page 1, Part	A. Tuberculosis (TB)	A. Tuberculosis (TB): An initial
2, 2.		screening test (TST, QFT-G, T-
Communica	Underculin Skin Test (TST)	SPOT) is required for all applicants
ble Diseases of Public	(Required for applicants 2 years of age and older: for children under 2	2 years of age and older; for children under 2 years of age, see
Health	years of age, see pp. 11-12 of	Technical Instructions at
Significance	Technical Instructions at	http://cdc.gov/ncidod/dq/civil.htm
		The second

	http://www.cdc.govncidod/dq/ci	. The civil surgeon should perform
	vil.htm.)	one type of initial screening test
	villinen.)	only, followed by further
	Date TST Applied	evaluation, if needed (chest x-rays).
	Date TST Read	1. Tuberculin Skin Test (TST):
	Size of Reaction ( <i>mm</i> )	Not administered (TST
	Size of frededion (min)	exception applies)
	Chest V Day Dequired	exception applies)
	Chest X-Ray - Required	
	<b>ONLY</b> for TST reactions equal of	Date TST Applied
	$\geq$ 5 mm or if specific TST	
	exception criteria met, or for any	Date TST Read
	applicant with TB symptoms or	
	immunosuppression (e.g., HIV).	Size of Reaction ( <i>mm</i> )
	Attach copy of X-Ray Report.	
		Result:
	Date Chest X-Ray Taken	
		Negative (4mm or less of
	Date Chest X-Ray Read	induration)
	Dute Chest X Ruy Redu	induitation)
	Results	Positive ( $\geq 5$ mm; chest x-ray
	Normal	required)
	Abnormal (Describe results in	
	remarks.)	2. QuantiFERON®-TB Gold
	Temarko.)	(QFT-G Test):
		(QF1-G1650).
	Findings:	
		Date/Time Sample Drawn
		Date/Time Testing Initiated (within
		12 hrs of sample being drawn)
		12 ms of sample semig arawny
		III [/].
		IU/ml:
		Result:
		Negative
		Desitive (ESAT 6 and/or CED
		Positive (ESAT-6 and/or CFP-
		10 responsiveness detected)(chest x-
		ray required)
		Indeterminate (If test result is
		indeterminate, proceed as stated in
		CDC's Technical Instructions
1		

	Updates at http://www.cdc.gov/ncidod/dq/civi l.htm.)
	3. T-SPOT® TB Test (T-Spot):
	Date/Time Sample Drawn
	Date/Time Sample Processed (within 8 hours of sample being drawn)
	Result
	Negative (Panel A-Nil and/or Panel B Nil $\leq$ 4 spots)
	Positive (Panel A-Nil and/or Panel B-Nil $\geq$ 8 spots)(chest x-ray required)
	Borderline/equivocal (If test result is borderline/equivocal, proceed as stated in CDC's <i>Technical Instructions</i> Updates at http://www.cdc.gov/ncidod/dq/civi l.htm.)
	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 exception (The civil surgeon must

		clearly specify the TST exception in the "Remarks" field below.)4. Chest X-Ray: Required based on TST, QFT-G, or T-SPOT result, if specific TST exception criteria are met, or for an applicant withTB signs or symptoms or immunosuppression (e.g. HIV).Attach a copy of x-ray report.Date Chest X-Ray TakenDate Chest X-Ray ReadResults:NormalAbnormal (Describe results in remarks.)TB Classification/Findings (check only if chest x-ray was performed):
Page 2, Part B, Syphilis	[] Findings: [] Syphilis, Class B (with residual deficit, treated in the past year)	[] Findings:[] Syphilis, Class B (with residual deficit, and treated in the past year)
Page 2, Part 2, D. Other Class A/Class B Conditions for Communica ble Diseases of Public Health Significance	[ADD]	No Class A/B Condition

Page 2, Part 2, 3. Physical or Mental Disorders With Associated Harmful Behavior	<ul> <li>Physical/Mental Disorder,</li> <li>With Associated Harmful</li> <li>Behavior, Class A</li> <li>Physical/Mental Disorder,</li> <li>Without Associated Harmful</li> <li>Behavior, Class B</li> </ul>	<ul> <li>No Class A or B Physical or Mental Disorder</li> <li>Physical/Mental Disorder, With Associated Harmful Behavior, Class A</li> <li>Physical/Mental Disorder, Without Associated Harmful Behavior, Class B</li> </ul>
Page 2, Part 2, 4. Drug Abuse/Drug Addiction Page 3, Part	<ul> <li>Substance (Drug) Use, Listed in Section 202 of Controlled Substance Act, Class A</li> <li>Substance (Drug) Use, Not Listed in Section 202 of Controlled Substance Act, But With Associated Harmful Behavior, Class A</li> <li>Prior Substance (Drug) Use in Remission, Class B</li> <li>Name (<i>Type or print your name</i>)</li> </ul>	<ul> <li>No Class A or B Drug Abuse/Addiction</li> <li>Substance (Drug) Use, Listed in Section 202 of Controlled Substance Act, Class A</li> <li>Substance (Drug) Use, Not Listed in Section 202 of Controlled Substance Act, But With Associated Harmful Behavior, Class A</li> <li>Prior Substance (Drug) Use in Remission, Class B</li> <li>Name of Applicant</li> </ul>
2, 5. Vaccination Chart, Give Copy to Applicant		<b>Remarks:</b> (If needed, provide any remarks, e.g. reason for contraindication)
Page 4, Part 3. Referral to Health Department Or Other Doctor/Facil ity	Referral to Health Department or Other Doctor/Facility (To be completed by civil surgeon, if referral was made) Type or Print Name of Doctor or Health Department	Referral to Health Department Other Doctor/Facility (To be completed by civil surgeon, if referral was required and made) Type or Print Name of Doctor or Health Department Receiving Required Referral
Page 4, Part 4. To Be	The applicant identified on this form was referred to me by the	The applicant identified on this form was referred to me by the

Completed by Physician or Health Department Performing Referral	civil surgeon named in <b>Part 5</b> of this form. I have provided appropriate evaluation/treatment.	civil surgeon named in Part 5 of this form. I have provided the appropriate evaluation/treatment, after having made every reasonable effort to verify that the person whom I evaluated/treated
Evaluation Page 5, Part 5. Civil Surgeon's Certification	I certify under penalty of perjury; that I performed the examination in accordance with the Centers for Disease Control and Prevention's <i>Technical</i> <i>Instructions</i> , and all supplemental information or updates provided to me	<b>is the person identified in Part 1.</b> I certify under penalty of perjurythat I performed the examination in accordance with the Centers for Disease Control and Prevention's <i>Technical Instructions</i> , and all supplemental information or updates
Page 5, After Part 6.	[ADD]	<ul> <li>Part 7. FOR USCIS USE ONLY (Not to be completed by the civil surgeon)</li> <li>□ 212(g)(2)(B) Blanket Waiver for Vaccination Granted</li> <li>Remarks (if needed):</li> </ul>