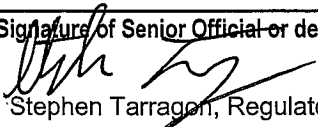


PAPERWORK REDUCTION ACT CHANGE WORKSHEET

Agency/subagency Department of Homeland Security, U.S. Citizenship and Immigration Services		OMB Control Number 1615 - 0033
<i>Enter only items that change</i>		
	Current record	New record
Agency form number (s) I-693		
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** See attached		
Signature of Senior Official or designee:  Stephen Tarragon, Regulatory Products Division	Date: 6-16-2010	For OIRA Use _____ _____

** This form cannot be used to extend an expiration date.

Justification for Change

On June 1, 2010 the Centers for Disease Control and Prevention (CDC) published new Technical Instructions. These new Technical Instructions change the way that civil surgeons, designated as such by USCIS, diagnose and classify physical or mental disorders with associated harmful behavior and substance related disorders. Classification as a Class A or Class B condition has changed in relation to abuse or dependence of substances not listed in Schedule I, II, III, IV or V of Section 202 of the Controlled Substances Act, which has prompted the changes on the Form I-693.

In order to comply with these updated Technical Instructions, it is necessary for USCIS to amend the Form I-693 (OMB No. 1615-0033) to change the classifications for aliens applying for immigration benefits. Specification needs to be made to make it clear to civil surgeons of the changes and how specific disorders should be classified to determine an alien's admissibility.

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

Change s to the Form		
Page 3, Item 3	<p>3. Physical or Mental Disorders with Associated Harmful Behavior</p> <ul style="list-style-type: none"> <input type="checkbox"/> No Class A or B Physical or Mental Disorder <input type="checkbox"/> Physical/Mental Disorder, With Associated Harmful Behavior, Class A <input type="checkbox"/> Physical/Mental Disorder, Without Associated Harmful Behavior, Class B <p>Remarks: (Include diagnosis, with likelihood of harmful behavior to recur, therapy given, and any counseling or referrals. [Box])</p>	<p>3. Physical or Mental Disorders with Associated Harmful Behavior</p> <p><small>* (include here any diagnosis of substance abuse/addiction based on DSM criteria of a substance that is not listed in Schedule I, II, III, IV or V under Section 202 of the Controlled Substances Act with current associated harmful behavior or history of associated harmful behavior judged likely to recur. This includes diagnosis of alcohol abuse/dependence.)</small></p> <ul style="list-style-type: none"> <input type="checkbox"/> No Class A or B Physical or Mental Disorder* <input type="checkbox"/> Current Physical/Mental Disorder with Associated Harmful Behavior *, Class A <input type="checkbox"/> History of Physical/Mental Disorder with Associated Harmful Behavior Likely to Recur*, Class A <input type="checkbox"/> Current Physical/Mental Disorder without Associated Harmful Behavior*, Class B <input type="checkbox"/> History of Physical/Mental Disorder with Associated Harmful Behavior Unlikely to Recur*, Class B <p>Remarks: (Include diagnosis, likelihood of recurrence of the harmful behavior, therapy given, and any counseling or referrals. [Box])</p>
Page 3, Item 4	<p>4. Drug Abuse/Drug Addiction</p> <ul style="list-style-type: none"> <input type="checkbox"/> No Class A or B Drug 	<p>Drug Abuse/Drug Addiction</p> <p><small>**("Drug Abuse/Drug Addiction" addresses non medical use only with respect to substances listed in Schedule I, II, III, IV or V under Section 202 of the Controlled Substances Act. Include here any diagnosis of substance abuse/dependence based on DSM criteria for a substance listed in Schedule I, II, III, IV or V of</small></p>

<p>Abuse/Addiction</p> <ul style="list-style-type: none"> <input type="checkbox"/> Substance (Drug) Use, Listed in Section 202 of the Controlled Substance Act, Class A <input type="checkbox"/> Substance (Drug) Use, Not Listed in Section 202 of Controlled Substance Act, But With Associated Harmful Behavior, Class A <input type="checkbox"/> Prior Substance (Drug) Use in Remission, Class B <p>Remarks: (Include any therapy given, rehabilitation, counseling, or referrals.) [Box]</p>	<p>Section 202 of the Controlled Substances Act. See CDC's Technical Instructions posted on CDC's website at http://www.cdc.gov/immigrantrefugeehealth/exams/ti/civil/technical-instructions-civil-surgeons.html.)</p> <ul style="list-style-type: none"> <input type="checkbox"/> No Class A or B Substance (Drug) Abuse/Addiction** <input type="checkbox"/> Substance (Drug) Abuse/Addiction, Listed in Section 202 of the Controlled Substances Act**, Class A <input type="checkbox"/> Substance (Drug) Abuse/Addiction in Full Remission, Listed in Section 202 of the Controlled Substances Act**, Class B <p>Remarks: (Include any therapy given, rehabilitation, counseling or referrals). [Box]</p>
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