**TABLE OF CHANGES - INSTRUCTIONS**

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

**OMB No. 1615-0033**

**12/09/2015**

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| **Reason for Revision:** Making plain language edits; incorporating the blanket civil surgeon designation for military physicians into the form and instructions; and updating language to be consistent with the new Diagnostic and Statistical Manual of Mental Disorders (DSM-5) |

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| **Current Section and Page Number** | **Current Text** | **Proposed Text** |
| **Pages 1 – 2, Section I. Applicant's Instructions** | **What is the Purpose of this Form?**  Form I-693 is used to report results of a medical examination to U.S. Citizenship and Immigration Services (USCIS). The examination is required to establish that you are not inadmissible to the United States on public health grounds. A list of those health grounds can be found in section 212(a)(1) of the Immigration and Nationality Act (INA). The list is also available in **Question 9** of Section III of these instructions under Frequently Asked Questions.  The results of your medical examination are confidential and are used for immigration purposes only. When required to do so by law, the civil surgeon may share your results with public health authorities.  **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** 2 - 5 in Section III, Frequently Asked Questions, before proceeding any further. | **[Page 1]**  [Deleted section title]  **What Is the Purpose of This Form?**  Form I-693 is used to report results of a medical examination to U.S. Citizenship and Immigration Services (USCIS). The examination is required to establish that applicants who are requesting immigration benefits are not inadmissible to the United States on public health grounds. You can find a list of those health-related grounds in section 212(a)(1) of the Immigration and Nationality Act (INA). The list is also available in these instructions in **Item Number 9.** under **Part 3. Frequently Asked Questions**.  The results of your medical examination are confidential and are used primarily for immigration purposes. When required by law, the civil surgeon may share your results with public health authorities. USCIS will generally not discuss your medical issues with other individuals, such as your attorney or BIA-accredited representative, immigration officers, or other government officials, unless they have a need to know the information.  **NOTE:**  If you are applying for adjustment of status as a refugee, a derivative of an asylee, or a K or V nonimmigrant visa holder, before reading any further, see **Part 3. Frequently Asked Questions, Item Numbers 2. - 5.,** of these instructions.  **Table of Contents/Page**  **Part 1. Applicant's Instructions…**  **Part 2. Civil Surgeon's Instructions…**  **Part 3. Frequently Asked Questions…**  **Part 4. Medical Evaluations...**  **Part 5. Vaccination Requirements…**  **Part 6. USCIS Information…** |
| **Page 1 - 2, How Do I File Form I-693?; How Do I Find a Designated Civil Surgeon in the Area Where I Live?; General Instructions** | **How Do I File Form I-693?**  A separate Form I-693 is required for **each** applicant. **There is no filing fee for this form.**  **1.** Carefully read all these instructions, including Section III, Frequently Asked Questions.  **2.** Call a designated physician (also known as a civil surgeon) to make an appointment.  **3.** Fill out **Part 1** of the form. **Do not sign the form until the civil surgeon tells you to sign.** You must sign Form I-693 in the presence of the civil surgeon.  **4.** Attend your medical exam appointment and all follow-up exams, as may be required.  **5. The civil surgeon is required to give you the completed Form I-693 in a sealed envelope.** Do not accept the form from the civil surgeon if it is not in a sealed envelope. USCIS will return the form to you if it is not in a sealed envelope or if the envelope has been opened or altered. Submit Form I-693 in the sealed envelope to USCIS.  **a. If you are applying for adjustment of status**, submit Form I-693 according to the instructions on Form I-485, Application to Register for Permanent Residence or Adjust Status.  **b. For all other applicants,** follow the instructions on or included with the application form or the instructions given to you by the office requesting the medical exam.  **NOTE:** The civil surgeon will ask you to verify your identity. Take a government-issued photo identification to your appointment (example: your valid unexpired passport or driver's license). For applicants under 14 years of age, USCIS will accept other proof of identity that shows name, date and place of birth, parents' full names, and any other identifying information about the applicant. Acceptable documents include birth certificates (with translations, if necessary) or affidavits. Also take any vaccination records you may have to the appointment.  **How Do I Find a Designated Civil Surgeon in the Area Where I Live?**  To find a designated civil surgeon in your area, you can call the USCIS National Customer Service Center (NCSC) at 1-800-375-5283 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 **www.uscis.gov** and clicking on “Find a Medical Doctor (Civil Surgeon)” under Customer Tools: Before I File.  [Page 2]  **General Instructions**  Each application or petition must be properly signed and filed. A photocopy of a signed application or a typewritten name in place of a signature is not acceptable.  **Copies.** Unless specifically required that an original document be filed with an application or petition, a legible photocopy may be submitted. Original documents submitted when not required may remain a part of the record, and will not be automatically returned to you.  **Translations.** Any document containing a foreign language submitted to USCIS must be accompanied by a full English language translation which the translator has certified as complete and accurate, and by the translator's certification that he or she is competent to translate from the foreign language into English.  **How to Fill Out My Portion of Form I-693**  **1. Use black ink only.** Type or print clearly. If an item does not apply to you or the answer is "none", leave the space blank.  **2. If you need more space to complete an answer, use a separate sheet of paper.** Write your name and Alien Registration Number (A-Number), if you have one, at the top of each sheet and indicate the number of the item to which your answer refers.  **3. You must fill out only Part 1 and identifying information at the top of each page.** The civil surgeon and any other doctors, clinics, or health departments receiving a referral are required to complete the remaining parts of the form.  **Part 1. Information About You**  Fill out this part **before** your medical exam appointment.  **1. Identifying information at top of each page** - Fill out your name and A-number, if applicable, at the top of each page of Form I-693. The civil surgeon will check that this information matches **Part 1.**  **2. Name** - Use your legal name. If you have two last names, include both and use a hyphen (-) between the names, if appropriate.  **3. Home Address** - Give your physical street address.  This must include a street number and name or a rural route number. Do not put a post office box (P.O. Box) number here.  **4. Date of Birth** - Use eight numbers to show your date of birth (example: May 1, 1979, must be written 05/01/1979).  **5. Place of Birth** - Give the name of the city/town/village where you were born.  **6. Country of Birth** - Give the name of the country where you were born.  **7. A-Number** - This is your alien registration file number. If you are not sure if you have one, look at any letters or notices you have received from the Department of Homeland Security (DHS). Look for a **number** that begins with a letter "A" and is followed by 8 or 9 numbers (example: A 000 000 000). If you do not have one or if you cannot remember what it is, leave this space blank.  **8. Applicant's Certification**  - Do not sign here until the civil surgeon tells you to do so. You must sign Form I-693 in the presence of the civil surgeon. If the applicant is under 14 years of age, a parent or guardian may sign Form I-693. If the applicant is 14 years of age or older, he or she must sign Form I-693. | **[Page 1]**  **Part 1. Applicant's Instructions**  ***How Do I File Form I-693?***  A separate Form I-693 is required for **each** applicant.  **There is no filing fee for this form.**  **1.** Carefully read all these instructions, including **Part 3. Frequently Asked Questions**.  **2.** Contact a doctor who is designated by USCIS as a civil surgeon to make an appointment.  **3.** Fill out **Part 1.** of the form. **Do not sign the form until the civil surgeon tells you to sign it. You must sign in the presence of the civil surgeon.**  **4.** Attend your medical examination appointment and all follow-up examinations, as required. **If you have any medical records, including vaccination records, take them with you to the initial appointment.**  **5. The civil surgeon is required to give you the completed Form I-693 in a sealed envelope for you to submit to USCIS.** Do not accept the form from the civil surgeon unless it is in a sealed envelope. USCIS will return your Form I-693 to you if it is not in a sealed envelope or if the envelope is opened or altered in any way. The civil surgeon should also give you a copy of the completed Form I-693 for your records.  **6.** Submit your completed Form I-693 in the sealed envelope to USCIS. Please see our Web site at [**www.uscis.dhs.gov/I-693**](http://www.uscis.dhs.gov/I-693)**.**  **[Page 2]**  **A. If you are applying for adjustment of status**: Submit Form I-693 according to the instructions on Form I-485, Application to Register for Permanent Residence or Adjust Status.  **B. For all other applicants:** Follow the application's instructions, follow the instructions that the office requesting the medical examination gave you, or call the USCIS National Customer Service Center at **1-800-375-5283** for the most current information on where to file this benefit request. For TTY (deaf or hard of hearing) call: **1-800-767-1833**.  **NOTE:**  The civil surgeon will ask you to verify your identity. Bring a valid government-issued photo identification to your appointment (for example, your unexpired passport or driver's license). For an applicant(s) under 14 years of age, acceptable documents for proof of identity must show his or her name, date and place of birth, parents' full names, and any other identifying information about the applicant. Acceptable documents include birth certificates (with a translation, if necessary) or affidavits.  ***How Do I Find a Designated Civil Surgeon in My Area?***  To find a designated civil surgeon in your area, call the USCIS National Customer Service Center at **1-800-375-5283.** Follow the instructions in the automated menu. The telephone service is available in English and Spanish. ForTTY (deaf or hard of hearing) call: **1-800-767-1833**. A list of the designated civil surgeons in your area is also available at [**www.uscis.gov**](http://www.uscis.gov) **(**select “TOOLS,” choose “Find a civil surgeon,” enter your ZIP Code, and click “Find civil surgeons.”)  ***General Instructions***  USCIS provides forms free of charge through the USCIS Web site. In order to view, print, or fill out our forms, you should use the latest version of Adobe Reader, which you can download for free at [**http://get.adobe.com/reader/**](http://get.adobe.com/reader/)**.** If you do not have Internet access, you may call the USCIS National Customer Service Center at **1-800-375-5283** and ask that we mail a form to you. For TTY (deaf or hard of hearing) call: **1-800-767-1833**.  **Signature.** Each benefit request must be properly signed and filed. USCIS will not accept a stamped or typewritten name in place of a signature.  **Filing Fee.** There is no filing fee for this benefit request.  **Evidence.** At the time of filing, you must submit the evidence and supporting documentation listed in these instructions.  **Copies.** You may submit legible photocopies of documents requested, unless the instructions specifically state that you must submit an original document. USCIS may request an original document at the time of filing or at any time during processing of a benefit request. If you submit original documents when not required, the documents may remain a part of the record, and USCIS will not automatically return them to you.  **Translations.** If you submit a document with information in a foreign language, you must also submit a full English translation. The translator must sign a certification that the English language translation is complete and accurate, and that the translator is competent to translate from the foreign language into English.  ***How to Fill Out My Portion of Form I-693***  **1.** Type or print legibly in black ink.  **2.** If you need extra space to complete any item within your Form I-693, attach a separate sheet of paper; type or print your name and Alien Registration Number (A-Number) (if any) at the top of each sheet; indicate the **Page** **Number**, **Part** **Number**, and **Item** **Number** to which your answer refers; and sign and date each sheet.  **3.** **Complete only Part 1. of your Form I-693 and the identifying information at the top of each page.** The civil surgeon and any other doctors, clinics, or health departments that you are referred to will complete the remaining parts of your Form I-693.  **[Page 3]**  **4.** Answer all questions fully and accurately. If a question does not apply to you (for example, if you have never been married and the question asks “Provide the name of your current spouse”) type or print “N/A,” unless otherwise directed. If your answer to a question which requires a numeric response is zero or none (for example, “How many children do you have?” or “How many times have you departed the United States?”), type or print “None,” unless otherwise directed.  ***Specific Instructions***  Form I-693 is divided into seven parts. These instructions will help you complete Form I-693.  **Part 1. Information About You**  Complete this part **before** your medical examination appointment. Fill out your name and A-Number (if any) at the top of each page of Form I-693. The civil surgeon will check that this information matches **Part 1.**  **Item Number 1. Name.** Use your legal name, which is the name that appears on your birth certificate, unless it was changed after birth by a legal action such as marriage or a court order. Do not provide a nickname. If you have two last names, include both and use a hyphen (-) between the names, if appropriate.  **Item Number 2. Home Address.** Give your physical street address.  This must include a street number and name or a rural route number. Do not provide a post office box (PO Box) number here.  **Item Number 3. Gender.** Select the box that indicates whether you are male or female.  **Item Numbers 4. - 6. Other Contact Information.** Provide your daytime telephone number, mobile telephone number (if any), and email address (if any).  **Item Number 7. Date of Birth.** Use eight numbers to show your date of birth in mm/dd/yyyy format (for example, type or print May 1, 1979 as 05/01/1979).  **Item Number 8. Place of Birth.** Give the name of the city, town, or village where you were born.  **Item Number 9. Country of Birth.** Give the name of the country where you were born.  **Item Number 10. Alien Registration Number (A-Number)** (if any)**.** This is your alien registration file number. If you are not sure if you have one, look at any letters or notices that you have received from the Department of Homeland Security (DHS). Look for a number that begins with a letter "A" followed by 8 or 9 digits (example: A 000 000 000). If you do not have one, or if you cannot remember what it is, leave this space blank.  **Item Numbers 11. - 13. Applicant's Certification, Statement, and Signature.**  ***Do not complete these Item Numbers or sign the benefit request until the civil surgeon tells you to do so. You must sign Form I-693 in the presence of the civil surgeon.*** Read the **Applicant’s Certification**. Select the appropriate box to indicate that you either read this benefit request yourself or someone interpreted it for you. You must also affirm that you have read and understand (or that the interpreter read to you, and you understand) the **Applicant’s Certification**. Further, you must sign and date your benefit request **ONLY** in the presence of the civil surgeon. If you are under 14 years of age, a parent or legal guardian may sign your Form I-693. If you are 14 years of age or older, you must sign Form I-693 yourself. A legal guardian also may sign for a mentally incompetent person.  **Item Number 14. Identification Information.** ***Do NOT complete these fields.*** The civil surgeon must provide this information.  **Part 2. Interpreter’s Contact Information, Certification, and Signature**  **Item Numbers 1. – 6.** If you used anyone as an interpreter to read the instructions and questions in **Part 1.** of this benefit request to you in a language in which you are fluent, the interpreter must fill out this section, provide his or her name, the name and address of his or her business or organization (if any), his or her daytime telephone number, and his or her email address (if any). The interpreter must also certify that he or she has read the **Applicant’s Certification** to you in the same language in which you are fluent. The interpreter must sign and date this benefit request. |
| **Pages 2 – 4, Section II. Civil Surgeon's Instructions** | **[Page 2]**  **What Are My Responsibilities as a Designated Civil Surgeon?**  **1. Truthfully and accurately report the results.** You are responsible for reporting the results of the medical examination and all laboratory reports on Form I-693 where indicated, and for signing the civil surgeon's certification provided on the form.  [Page 3]  You must take reasonable steps to ensure that the person appearing for the medical exam is the same person applying for the requested immigration benefit. All applicants must present a valid government-issued photo identification, and the civil surgeon must annotate in **Part 1** the form of identification presented and ID number, if applicable. The law imposes severe penalties for knowingly and willfully falsifying or concealing a material fact or using any false documents in connection with this medical exam.  The civil surgeon should direct the applicant to sign in **Part 1** in the presence of the civil surgeon. The civil surgeon should also ensure that the applicant's name and A-number, if applicable, are at the top of each page of the Form I-693, and that they match the information provided in **Part 1.**  **2. Follow HHS regulations and CDC guidelines.** USCIS has designated you as a civil surgeon with the understanding that you will perform the medical exam according to U.S. Department of Health and Human Services' (HHS) regulations. These regulations include the specificguidelines found in *Technical Instructions for the Medical Examination of Aliens in the United States (Technical Instructions)*, published by the Centers for Disease Control and Prevention (CDC) in Atlanta, Georgia. The *Technical Instructions* (including periodic updates posted by CDC) are available on the CDC Web site at [www.cdc.gov/immigrantrefugeehealth/exams/ti/civil/technical-instructions-civil-surgeons.html](http://www.cdc.gov/immigrantrefugeehealth/exams/ti/civil/technical-instructions-civil-surgeons.html).  **3. Make referrals and file case reports, as required.** According to CDC's *Technical Instructions*, you are required to:  **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 *Technical Instructions*.  **b. Ensure** that any applicant diagnosed with syphilis is treated with the standard treatment regimen described in CDC's *Technical Instructions*.  **c. Ensure** that testing and therapy are given for diagnoses of chancroid, gonorrhea, granuloma inguinale, or lymphogranuloma venereum.  **d. Refer** the applicant to a Hansen's disease specialist for evaluation to confirm a suspected diagnosis of Hansen's disease (leprosy).  **e. File** a case report with the appropriate public health authorities if a case report is required by local laws or regulations. You must also advise the applicant that a case report is being filed.  **How Do I Fill Out My Portion of This Form?**  You, the civil surgeon, are responsible for ensuring the relevant parts of Form I-693 are completed and signed, as follows.  **1.** **Part 1, Applicant's Certification.** You, the civil surgeon, are responsible for verifying the identity of the applicant, and noting the form of identification the applicant presents to you, in **Part 1**. You are also required to check each page of Form I-693 to ensure the name and A-Number, if applicable, are correct. Finally you must require that the applicant sign the Applicant's Certification in your presence. The applicant should not sign **Part 1** until all health follow-up requirements have been met.  **4.** **Part 2, Summary of Medical Examination.** After the medical exam and any follow-up (if required) is complete, summarize the results in **Part 2** of Form I-693.  [Page 4]  **5. Part 3, Civil Surgeon's Certification.** You must sign the certification after the medical exam is **complete**. Fill out the identifying information in this part before referring an applicant for further tests or evaluation. **Do not sign and date** this part until the referral/follow-up evaluation (if required) has been completed and the applicant has been medically cleared. Stamped signatures or typewritten names are not acceptable; ***your signature must be original.***  **For health departments performing the vaccination assessment for refugee adjustment applicants ONLY:** You must also complete **Part 3** of Form I-693. The actual (original) or stamped signature of the physician on staff at the health department must be present in **Part 3**. Signatures by attending nurses, physician assistants, or other medical professionals that are not licensed physicians will be rejected. Health departments must also place either the official stamp or raised seal, whichever is customarily used, in **Part 3** where indicated.  [Page 3]  **2. Civil Surgeon Worksheet.** You must fill out this worksheet and provide the results of each component of the medical exam relating to: communicable diseases of public health significance, physical or mental disorders with associated harmful behavior, drug abuse or drug addiction, and vaccinations. You must also include the results of any lab work or other studies required to determine whether the applicant is inadmissible on health grounds. You must instruct applicants who have had a tuberculin skin test (TST) to return to your office within 48-72 hours to have the TST read.  **3. Referral to Health Department or Other Doctor.** If you refer the applicant to a local health department or to another physician or clinic, you must also fill out section 5 of the Civil Surgeon Worksheet in Form I-693. The health care professional receiving the referral must fill out and sign section 6 of the Civil Surgeon Worksheet.  [Page 4]  **How Do I Complete Form I-693 If I Need to Make a Referral?**  Advise the applicant that the appropriate follow-up must be obtained before medical clearance can be granted. In section 5 of the Civil Surgeon Worksheet (Referral to Health Department or Other Doctor), include the name, address, and telephone number of the physician or public health service facility that will conduct further evaluation or provide treatment. Specify the type of examination and additional tests or treatment the applicant should receive. Complete your identifying informationin **Part 3,** but **do not sign or date the form.** Make a copy of Form I-693 for your records and give the original form to the applicant in a sealed envelope. (See the next section for additional instructions regarding sealing the envelope.)  **What Do I Do After the Medical Exam and Follow-Up (If Required) Are Completed?**  After the medical exam (and any follow-up required), is complete, summarize the results in **Part 2** of Form I-693. Certify the form by signing the civil surgeon's certificationin **Part 3. Do not sign Form I-693** until the applicant has met all health follow-up requirements.  **Make 2 copies of the completed and signed Form I-693 for submission to USCIS.** You should keep a copy of Form I-693 and any supporting documentation that you submit to USCIS for your records. Give the other copy of the completed and signed Form I-693 and any supporting documentation to the applicant. The vaccination portion of Form I-693 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.).  **Prepare the original of the 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 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 to be included in the sealed envelope to the applicant.** | **[Page 4]**  **Part 2. Civil Surgeon's Instructions**  ***What Are My Responsibilities as a Designated Civil Surgeon?***  **1. Truthfully and accurately report the results.**  You are responsible for reporting the results of the medical examination and all laboratory reports on Form I-693 where indicated, and for signing the civil surgeon's certification provided on the form.  You must take reasonable steps to ensure that the person appearing for the medical examination is the same person applying for the requested immigration benefit. All applicants must present a valid government-issued photo identification or another form of government-recognized identity documentation. You must note in **Part 1., Item Number 14.,** the form of identification presented and identification number, if applicable. The law imposes severe penalties for knowingly and willfully falsifying or concealing a material fact or using any false documents in connection with this medical examination.  You should direct the applicant to complete and sign in **Part 1., Item Numbers 11. – 13.,** in your presence. You should also ensure that the applicant's name and A-Number (if any) are at the top of each page of the Form I-693 and match the information provided in **Part 1.**  **2. Follow U. S. Department of Health and Human Services (HHS) regulations and Centers for Disease Control and Prevention (CDC) guidelines.**  As a USCIS-designated civil surgeon, you are required to perform the medical examination according to HHS regulations. These regulations include the specific guidelines found in the *Technical Instructions for the Medical examination of Aliens in the United States*, published by the CDC. The *Technical Instructions* (including periodic updates posted by the CDC) are available at [**www.cdc.gov/immigrantrefugeehealth/exams/ti/civil/technical-instructions-civil-surgeons.html**](http://www.cdc.gov/immigrantrefugeehealth/exams/ti/civil/technical-instructions-civil-surgeons.html).  **3. Make referrals and file case reports, as required.** According to the CDC's *Technical Instructions*, you are required to:  **A. Refer** the applicant to the local health department if a chest X-ray suggests TB or other circumstances described in the CDC's *Technical Instructions*.   **B. Ensure** that any applicant diagnosed with syphilis is treated with the standard treatment regimen described in the CDC's *Technical Instructions*.  **C. Ensure** that applicants are tested for chancroid, gonorrhea, granuloma inguinale, or lymphogranuloma venereum, and given therapy, if diagnosed.  **D. Refer** the applicant to a Hansen's disease specialist for evaluation to confirm a suspected diagnosis of Hansen's disease (leprosy).  **E. File** a case report with the appropriate public health authorities if a case report is required by local laws or regulations. You must also advise the applicant that a case report is being filed.  ***How Do I, as a Civil Surgeon, Fill Out My Portion of This Form I-693?***  You, as the civil surgeon, are responsible for ensuring that Form I-693 is completed and signed as follows.  **1. Part 1. Applicant's Certification.** You are responsible for verifying the identity of the applicant and noting in **Part 1., Item Number 14.,** the form of identification that the applicant presents to you. You are also required to check the top of each page of Form I-693 to make sure the name and A-Number (if any) are correct. Finally, you must require the applicant to sign the **Applicant's Certification** in your presence. The applicant should not sign **Part 1.** until the medical examination is completed and all health-related follow-up requirements, if any, are met.  **2. Part 3. Summary of Medical Examination.** After the medical examination and any required follow-up, summarize the results in **Part 3.**  **[Page 5]**  **3. Part 4. Civil Surgeon's Certification.** You must sign the certification after the medical examination is **complete**. Fill out your identifying information in this part before referring an applicant for further tests or evaluation. **Do not sign and date** this part until the referral or follow-up evaluation (if required) is completed and the applicant is medically cleared. ***Your signature must be original.*** Stamped signatures or typewritten names are not acceptable.  **For health departments performing the vaccination assessment for refugee adjustment applicants ONLY:** You must complete **Part 4.** of Form I-693. The original or stamped signature of the physician on staff at the health department must be present in **Part 4.** USCIS will reject signatures by attending nurses, physician assistants, or other medical professionals who are not licensed physicians. Health departments must also place either the official stamp or raised seal, whichever is customarily used, in **Part 4.** where indicated.  **Military physicians performing the medical examination for members and veterans of the U.S. Armed Forces and U.S. Coast Guard and certain eligible dependents** must also complete **Part 4.** The original or stamped signature of the military physician operating under the blanket civil surgeon designation must appear in **Part 4.** USCIS will reject signatures by attending nurses, physician assistants, or other medical professionals who are not licensed physicians. Military treatment facilities must also place either their official stamp or raised seal in **Part 4.** where indicated.  **4. Part 5. Civil Surgeon Worksheet** and **Part 7. Vaccination Record.** You must fill out this worksheet and provide the results of each component of the medical examination relating to: communicable diseases of public health significance, physical or mental disorders with associated harmful behavior, drug abuse or drug addiction, and vaccinations. You must also include the results of any lab work or other studies required to determine whether the applicant is inadmissible on health-related grounds. You must instruct applicants who have had a tuberculin skin test (TST) to return to your office within 48-72 hours to have the TST read.  **5. Part 6. Referral Evaluation.** If you refer the applicant to a local health department or to another physician or clinic, you must also fill out **Item Number 5. Required Referral to Health Department or Other Doctor** in **Part 5. Civil Surgeon Worksheet** in Form I-693. The health care professional receiving the referral must fill out and sign **Part 6. Referral Evaluation**.Do not complete **Item Number 5.** in **Part 5.** if the referral is recommended and not required.  ***How Do I Complete Form I-693 If I Need to Make a Required Referral?***  Advise applicants that they must complete all health-related follow-up requirements before you can certify Form I-693. You must fill out **Item Number 5.** **Required Referral to Health Department or Other Doctor** in **Part 5. Civil Surgeon Worksheet** with the contact information of the physician or public health facility that will conduct further evaluation or provide treatment. You should also specify the type of examination and additional tests or treatment that the applicant should receive in the **Remarks** section of **Item Number 5.** The health care professional receiving the referral must fill out and sign **Part 6. Referral Evaluation**.Do not complete **Item Number 5.** in **Part 5.** if the referral is recommended and not required. Complete your identifying information in **Part 4.**, but **do not sign or date the form.** Make a copy of the Form I-693 for your records and give the original to the applicant in a sealed envelope. (See the next section for additional instructions for sealing the envelope.)  **[Page 5]**  ***What Should I Do After the Medical Examination and Health-Related Follow-Up Requirements (If Required) Are Completed?***  After the medical examination and any health-related required follow-up is complete, summarize the results in **Part 3.** of Form I-693. **Do not sign Form I-693** until the applicant has met all health-related follow-up requirements. After that, sign the civil surgeon's certification in **Part 4., Item number 6.**  **Make two copies of the completed and signed Form I-693 and any supporting documents.** Keep one copy for your records. Give the other copy to the applicant. The vaccination portion of Form I-693 will serve as the applicant's official vaccination record for future use (for example, school or employment purposes).  **Prepare the original of the completed and signed Form I-693 for submission to USCIS.**  Follow these steps:  **1.**Place the Form I-693 and any supporting documentation into an envelope.  **[Page 6]**  **2.**Seal the envelope.  **3.**On the front, write in capital letters: "**DO NOT OPEN. FOR USCIS USE ONLY.**"  **4.**On the back, write your initials across the seal where the flap meets the envelope.  **5.**Seal the entire flap with clear tape. Make sure the tape covers your initials as well as the flap.  **6.**Give the sealed envelope to the applicant.  **The applicant must submit the sealed envelope to USCIS.**  **IMPORTANT: USCIS will not accept Form I-693 unless it is in a sealed envelope that is not opened or altered in any way.**  **Return to the applicant all supporting medical documents that you were not required to include in the sealed envelope.** |
| **Pages 4 – 6, Section III. Frequently Asked Questions** | [Page 4]  **1. Who must submit Form I-693?**  Generally, all applicants filing for adjustment of status to that of a permanent resident must submit Form I-693 completed by a designated civil surgeon.  [Page 5]  **2. What if I am a refugee and already had a medical exam overseas?**  If you were admitted to the United States as a refugee and are now applying for adjustment of status under section 209 of the INA one year following your first admission, you do not need to repeat the entire you had overseas, unless a Class A medical condition was found during that exam.  If a complete medical examination is not required, you only need to comply with the vaccination requirements. This means you only need to submit the vaccination record and page 1 of Form I-693. Contact your State or local refugee health coordinator to find out whether it may be possible for you to have the vaccination portion of Form I-693 completed by a State or local health department. The State or local health department must also complete **Part 3** of the form.  **3. What if I am a K nonimmigrant visa holder and already had a medical examination overseas?**  If you were admitted as a:  **a.** K-1 fiancé(e) or a K-2 child of a K-1 fiancé(e); or as a  **b.** K-3 spouse of a U.S. citizen or a K-4 child of a K-3 spouse of a U.S. citizen; and  **c.** You received a medical exam prior to admission, then:  **(1)** You are not required to have another medical examination as long as your Form I-485 is filed within one year of your overseas medical examination, and the medical examination did not reveal a Class A medical condition, or if you did have a Class A medical condition, you received a waiver of inadmissibility and have complied with the terms and conditions on the waiver.  **(2)** Even if a new medical examination is not required, you must still 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 the vaccination record and page 1 of Form I-693.  **4. What if I am a V nonimmigrant visa holder and already had a medical exam overseas?**  If you were admitted to the United States or obtained status while in the United States as a:  **a.** V-1 spouse of a permanent resident or waiting a V-1 visa; or  **b.** V-2 child of a V-1 spouse of a permanent resident; or  **c.** V-3 child of a V-2 unmarried son or daughter of a V-1 spouse of a permanent resident; and  **d.** You received a medical examination prior to admission or obtaining V status, then:  **(1)** 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, or if you did have a Class A medical condition, you received a waiver of inadmissibility and have complied with the terms and conditions on the waiver.  **(2)** 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 submit the vaccination record and **page 1** of Form I-693.  **5**. **What if I am an asylee dependent applying for adjustment of status and already had a medical exam overseas?**  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:  **a.** No Class A condition was found during the exam; and  **b.** You have applied for adjustment of status within one year of eligibility to file.  [Page 6]  You will, however, be required to comply with the vaccination requirement and submit the vaccination record and **page 1** of Form I-693 with your Form I-485.  **6. May any doctor perform the required medical exam?**  Only a doctor who has been specially designated by USCIS as a civil surgeon may perform the medical exam. USCIS will not accept Form I-693 completed by a doctor who is not a **currently** designated civil surgeon.  **7. How do I know whether a doctor is a designated civil surgeon?**  Doctors found through the USCIS National Customer Service Center phone line or through the USCIS Web site are generally current in their designation as civil surgeons. If unsure, applicants should confirm with their doctors as to their civil surgeon status.  **8. Who pays for the medical exam?**  The applicant is responsible for paying all costs of the medical exam, including the cost of any follow-up tests or treatment that may be required. Payments are made directly to the civil surgeon or other health care facility.  **9. What are the medical grounds of inadmissibility?**  The medical grounds of inadmissibility under U.S. immigration laws are divided into four categories:  **a.** Communicable diseases of public health significance;  **b.** Lack of required vaccinations;  **c.** Physical or mental disorders with harmful behavior; and  **d.** Drug abuse or addiction. | **[Page 6]**  **Part 3. Frequently Asked Questions**  **1. Who must submit Form I-693?**  Most applicants filing for adjustment of status to become a lawful permanent resident must submit Form I-693 completed by a designated civil surgeon.Certain other applicants may also be required to submit Form I-693 completed by a civil surgeon.  **2. What if I am a refugee and already had a medical examination overseas?**  If you are now applying for adjustment of status under INA 209 one year after your first admission, you only need to repeat the entire examination if the panel physician found a class A medical condition during your overseas examination.If you need a new medical examination because of a class A medical condition, you also need to comply with the vaccination requirements found in Form I-693.  Even if you do not need a complete medical examination, you still need to comply with the vaccination requirements. This means you only need to submit **Part 7. Vaccination Record** and **Parts 1., 2.,** and **4.** of Form I-693. Contact your state or local refugee health coordinator to find out whether a state or local health department can complete **Part 7.** of Form I-693. The health department must also complete **Part 4.** of the benefit request.  **3. What if I am a K nonimmigrant visa holder and already had a medical examination overseas?**  If you were admitted as a:  **A.** K-1 fiancé(e) or a K-2 child of a K-1 fiancé(e); or  **B.** K-3 spouse of a U.S. citizen or a K-4 child of a K-3 spouse of a U.S. citizen; and  **C.** You received a medical examination prior to admission, then:  **(1)** You are not required to have another medical examination as long as you file your Form I-485 within one year of an overseas medical examination, and:  **(a)** The panel physician did not find a class A medical condition during your overseas examination; or  **(b)** The panel physician did find a class A medical condition, you received a waiver of inadmissibility, and you have complied with the terms and conditions of the waiver.  **(2)** Even if a new medical examination is not required, you must still 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 **Part 7. Vaccination Record** completed by a designated civil surgeon. In this case, you must submit **Parts 1., 2., 4.,** and **7.** of Form I-693.  **[Page 7]**  **4. What if I am a V nonimmigrant visa holder and already had a medical examination overseas?**  If you were admitted to the United States or obtained status while in the United States as a:  **A.** V-1 spouse of a lawful permanent resident or are waiting for a V-1 visa; or  **B.** V-2 child of a V-1 spouse of a lawful permanent resident; or  **C.** V-3 child of a V-2 unmarried son or daughter of a V-1 spouse of a lawful permanent resident; and  **D.** You received a medical examination prior to admission or obtaining V status, then:  **(1)** You are not required to have another medical examination as long as you file your Form I-485 within one year of an overseas examination, and:  **(a)** The panel physician did not find a class A medical condition; or  **(b)** The panel physician did find a class A medical condition, you received a waiver of inadmissibility, and you have complied with the terms and conditions of the waiver.  **(2)** 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 **Part 7. Vaccination Record** completed by a designated civil surgeon. In this case, you must submit **Parts 1., 2., 4.,** and **7.** of Form I-693.  **5. What if I am an asylee derivative applying for adjustment of status and already had a medical examination overseas?**  If you were admitted to the United States as an asylee derivative, you generally do not need to repeat, at the time you submit Form I-485, the entire medical examination you had overseas, provided that:  **A.** The panel physician found no class A condition during your overseas examination; and  **B.** You are applying for adjustment of status within one year of becoming eligible to file.  You must, however, comply with the vaccination requirement and submit **Part 7. Vaccination Record** and **Parts 1. , 2** and **4.** of Form I-693 with your Form I-485.  **6. May any doctor perform the required medical examination?**  Only a doctor who was designated by USCIS as a civil surgeon may perform the medical examination. USCIS will not accept a Form I-693 completed by a doctor who is not a **currently** designated civil surgeon.  **7. How do I know if a doctor is a designated civil surgeon?**  Doctors found through the USCIS Web site at [**www.uscis.gov**](http://www.uscis.gov)or through the USCIS National Customer Service Center are generally current in their designation as civil surgeons. Applicants who are unsure should ask doctors to confirm their status as a civil surgeon.  **8. Who pays for the medical examination?**  You, the applicant, are responsible for paying all costs of the medical examination, including the cost of any follow-up tests or treatment that are required. Make payments directly to the civil surgeon or other health care provider.  **9. What are the health-related grounds of inadmissibility?**  U.S. immigration law divides the health-related grounds of inadmissibility into the following four general categories:  **A.** Communicable diseases of public health significance;  **B.** Lack of proof of having received required vaccinations;  **C.** Physical or mental disorders with associated harmful behavior or a history of associated harmful behavior; and  **D.** Drug abuse or addiction.  See INA 212(a)(1)(A). HHS regulations classify these and other medical conditions into class A or B conditions. Class A conditions result in inadmissibility while class B conditions do not. See 42 CFR 34.2(d) – (e). |
| **Pages 6 – 8, Section IV. Medical Evaluations** | [Page 6]  **Communicable Diseases of Public Health Significance**  The civil surgeon is required to perform specific tests for tuberculosis and syphilis. The medical exam also indicates an evaluation for other sexually transmitted diseases and Hansen's Disease (leprosy).  If you are found to have a communicable disease of public health significance, the civil surgeon will advise you how to obtain any necessary treatment. It also may be necessary for you to apply for a waiver of inadmissibility. USCIS will advise you if this is necessary. To obtain more information about this waiver, visit the USCIS Web site at[**www.uscis.gov**](http://www.uscis.gov)**.**  **1. Testing for Tuberculosis**  All applicants 2 years of age and older are required to be tested for tuberculosis (TB) with an initial screening test. Civil surgeons may require an applicant younger than 2 years of age to undergo testing if there is evidence of contact with a person known to have TB or other reasons to suspect TB. **The physician may use either the Tuberculin Skin Test (TST) or an Interferon Gamma Release Assay (IGRA).**  **a.** Tuberculin Skin Test (TST) given by the Mantoux technique. After the skin test, you will need to return to the civil surgeon within 48 to 72 hours to have the result read. If you have a reaction of 4 millimeters or less, generally, you will not need any further tests for TB. A chest x-ray is required when the reaction to the TST is 5 millimeters or more. The civil surgeon will explain the medical requirements to you in more detail.  **b.** IGRA: Civil surgeons have the option of using IGRA in place of the TST (see update to the *Technical Instructions* at **www.cdc.gov/immigrantrefugee health/exams/ti/civil/updates/index.html**). 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 or indeterminate/borderline/equivocal, 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.  [Page 7]  There are several IGRAs recognized by CDC for purposes of this immigration medical examination: the QuantiFERON® - TB Gold (QFT-G) test: the QuantiFERON® - TB Gold in Tube (QFT-G IT) test; and the T-Spot® TB test. In the future, CDC may recognize additional tests; if it does, it will publish the information in its *Technical Instructions* available on CDC's Web site at[www.cdc.gov/immigrant refugeehealth/exams/ti/civil/technical-instructions-civil-surgeons.html](http://www.cdc.gov/immigrant%20refugeehealth/exams/ti/civil/technical-instructions-civil-surgeons.html)**.** Tests not listed in the materials published on this link may not be used for purposes of this immigration medical examination.  The civil surgeon will explain the medical requirements and the suitability and availability of IGRA testing to you in more detail.  **2. Testing for Syphilis**  All applicants 15 years of age and older must have a blood test for syphilis. Civil surgeons may require applicants under 15 years of age to be tested if there is reason to suspect the possibility of infection.  [Currently after Vaccination Requirements section]  **Physical or Mental Disorders**  ***Not all physical or mental disorders are considered health-related grounds of inadmissibility***. The emphasis is more on the behavior associated with the physical or mental disorder, instead of the physical or mental disorder itself. This means  that the civil surgeon must determine that there is behavior associated with the disorder that is harmful either to you, to others, or to property. If you have had a history of a physical or a mental disorder, there must be associated harmful behavior that is likely to recur in order for you to be considered inadmissible.  The civil surgeon will ask you general questions during the medical exam to determine whether you have such a condition. Depending on the outcome of the initial exam, the civil surgeon may find it necessary to refer you to a specialist for further testing.  If the civil surgeon finds that you have a physical or mental disorder with associated harmful behavior, you may apply for a waiver according to the terms, conditions, and controls determined necessary by USCIS in consultation with HHS.  To obtain more information about these waivers, visit the USCIS Web site at[www.uscis.gov](http://www.uscis.gov)**.**  **Drug Addiction and Drug Abuse**  ***The medical guidelines for determining drug abuse and drug addiction are determined by HHS.*** The civil surgeon will review your medical history during the medical exam and ask you questions necessary to determine whether you are currently using or have used in the past any drugs or other psychoactive substances.  If the civil surgeon determines you have a medical condition of drug addiction/abuse, you are **not** eligible to apply for a waiver **unless** you are applying for adjustment of status one year after you were admitted as a refugee, or you are applying for adjustment of status one year after you were granted asylum. If you are ineligible to apply for a waiver, but are later found by the civil surgeon to be in remission from the drug abuse or drug addiction (as determined by HHS), you may proceed with your adjustment-of-status application, if eligible. | **[Page 8]**  **Part 4. Medical Evaluations**  **1. Communicable Diseases of Public Health Significance**  The civil surgeon is required to perform specific tests for tuberculosis and syphilis. The medical examination also requires the civil surgeon to evaluate for other sexually transmitted diseases and Hansen's disease (leprosy).  If you have a communicable disease of public health significance, the civil surgeon will advise you on how to obtain treatment. USCIS will inform you of whether you also need to apply for a waiver of inadmissibility. To learn more about this waiver, visit the USCIS Web site at [**www.uscis.gov**](http://www.uscis.gov)**.**  **A. Testing for Tuberculosis**  All applicants 2 years of age and older require testing for tuberculosis (TB) with an initial screening test. Civil surgeons may require an applicant younger than 2 years of age to undergo testing if there is evidence of contact with a person known to have TB or other reasons to suspect TB. **The physician may use either the tuberculin skin test (TST) or an interferon gamma release assay (IGRA).**  **(1)** TST given by the Mantoux technique: After the skin test, you will need to return to the civil surgeon within 48 to 72 hours to check the result. If you have a reaction of 4 millimeters or less, you will generally not need any further tests for TB. If the reaction is 5 millimeters or more, you are required to have a chest X-ray. The civil surgeon will explain the medical requirements to you in more detail.  **(2)** IGRA: Civil surgeons have the option to use an IGRA in place of the TST (see the update to the *Technical Instructions* at **www.cdc.gov/immigrantrefugeehealth/exams/ti/civil/updates/index.html**). You will not have to return to the civil surgeon's office to check the result. The result is generally available within 24 hours. If the test is negative or indeterminate, borderline, or equivocal, you generally will not need any further tests for TB. In other cases, you may require further evaluation with a chest X-ray.  The CDC recognizes the following IGRAs for purposes of this immigration medical examination: the QuantiFERON - TB Gold (QFT-G) test; the QuantiFERON - TB Gold in Tube (QFT-G IT) test; and the T-Spot TB test. In the future, the CDC may recognize additional tests; if it does, it will publish the information in its *Technical Instructions* at [**www.cdc.gov/immigrantrefugeehealth/exams/ti/civil/technical-instructions-civil-surgeons.html**](http://www.cdc.gov/immigrantrefugeehealth/exams/ti/civil/technical-instructions-civil-surgeons.html). Civil surgeons may use only tests listed in the materials published at this link for this examination.  **NOTE:** The civil surgeon will explain the medical requirements and the suitability and availability of IGRA testing to you in more detail.  **B. Testing for Syphilis**  All applicants 15 years of age and older must have a blood test for syphilis. Civil surgeons may require tests for applicants under 15 years of age if there is reason to suspect the possibility of infection.  **2. Physical or Mental Disorders**  ***The presence of a physical or mental disorder alone does not make you inadmissible on health-related grounds***. The civil surgeon must also determine that there is behavior associated with the disorder that is harmful to you, to others, or to property. USCIS will only consider you inadmissible if there is a current associated harmful behavior or a history of associated harmful behavior that is likely to recur.  The civil surgeon will ask you general questions during the medical examination to determine whether you have such a condition. The civil surgeon may refer you to a specialist for further evaluation, if necessary.  If the civil surgeon finds that you have a physical or mental disorder with associated harmful behavior, you may apply for a waiver. If the waiver is granted, you may be subject to terms, conditions, and controls as determined by USCIS in consultation with HHS. For more information about these waivers, visit the USCIS Web site at[**www.uscis.gov**](http://www.uscis.gov).  **[Page 9]**  **3. Drug Addiction and Drug Abuse**  ***HHS sets the medical guidelines for determining drug abuse and drug addiction.*** The civil surgeon will review your medical history during the medical examination and ask you questions necessary to determine whether you are currently using any drugs or other psychoactive substances or have used them in the past.  If the civil surgeon determines you have a substance-related disorder,, you are **not** eligible to apply for a waiver **unless** you are applying for adjustment of status one year after you were admitted as a refugee or granted asylum. If you are ineligible to apply for a waiver, but a civil surgeon later finds your drug abuse or addiction is in remission, you are no longer inadmissible and may proceed with your immigration benefit application, petition, or request, if otherwise eligible. |
| **Page 7, Section IV. Medical Evaluations** | **Vaccination Requirements**  All applicants for adjustment of status must present documents showing they have been vaccinated against a broad range of vaccine-preventable diseases. The civil surgeon will review your vaccination history with you to determine whether you have had all the required vaccinations. Make sure you take your vaccination records with you to your appointment with the civil surgeon.  **NOTE:** Do not attempt to meet the requirements before you are evaluated by the civil surgeon, in case it is not medically appropriate for you to have one or more of the required vaccines.  By law, the required vaccines for the immigrant population are the vaccines as recommended by the Advisory Committee on Immunization Practices (ACIP) for the immigrant population. You may obtain a list of the required vaccines from CDC's Web site at<http://www.cdc.gov/immigrantrefugeehealth/exams/diseases-vaccines-included.html>**.**  If you never received or are unable to prove you received certain vaccines, the civil surgeon can administer them to you. After evaluation by the civil surgeon, you also have the option of asking your family doctor to administer those vaccines to you and showing the records to the civil surgeon to note on Form I-693.  If you initially did not have documents proving you received all the required vaccines but later submit those documents, or if the civil surgeon certifies that it is not medically appropriate for you to have one or more of the missing vaccine(s), USCIS may grant you a waiver based on the civil surgeon's certification on the vaccination record portion of Form I-693.  HHS has determined that a vaccine is "not medically appropriate" if :  **1.** The vaccine is not recommended for your specific age group;  **2.** There is a medical reason why it would not be safe to have the vaccine (for example, allergies to eggs and yeast, hypersensitive to prior vaccines, other medical reasons);  **3.** You are unable to complete the entire series of a required vaccine within a reasonable amount of time; or  **4.**  For the influenza vaccine, it is not the flu season.  If you object to receiving the recommended vaccinations because of your sincerely held religious beliefs or moral convictions, you may apply for a waiver of these requirements. If you hold these objections, inform the civil surgeon that you will apply for a waiver. If the waiver application is denied, you may be ineligible for the immigration benefit that you are seeking. To obtain more information about these waivers, visit the USCIS Web site at[www.uscis.gov](http://www.uscis.gov)**.** | **[Page 9]**  **Part 5. Vaccination Requirements**  All applicants for adjustment of status must present documents showing they were vaccinated against a broad range of vaccine-preventable diseases. The civil surgeon will review your vaccination history with you to determine whether you have had all the required vaccinations. Make sure you take your vaccination records with you to your appointment with the civil surgeon.  **NOTE:**  Do not attempt to meet the requirements before the civil surgeon evaluates you, in case any of the required vaccines are not medically appropriate for you.  You can find a list of the required vaccines at [**www.cdc.gov/immigrantrefugeehealth/exams/medical-examination-faqs.html.#6**](http://www.cdc.gov/immigrantrefugeehealth/exams/medical-examination-faqs.html.#6)**.**  If you never received certain vaccines, or you are unable to prove you received them, the civil surgeon can give them to you. You also have the option to ask your family doctor to administer those vaccines to you after your evaluation by the civil surgeon. If you choose that option, show the records to the civil surgeon to note on Form I-693.  If you initially did not have documents proving you received all the required vaccines, but later submit those documents, USCIS may grant you a waiver based on the civil surgeon's certification on **Part 7. Vaccination Record** of Form I-693. USCIS may also grant you a waiver if the civil surgeon certifies that it is not medically appropriate for you to have one or more of the required vaccines.  **[Page 9]**  HHS has determined that a vaccine is "not medically appropriate" if :  **1.** The vaccine is not recommended for your specific age group;  **2.** There is a medical reason why it would not be safe to have the vaccine (for example, you are allergic to eggs and/or yeast or you had bad reactions to prior vaccines);  **3.** You are unable to complete the entire series of a required vaccine within a reasonable amount of time; or  **4.** For the influenza vaccine, it is not the flu season.  If you object to required vaccinations because of sincerely held religious beliefs or moral convictions, you may apply for a waiver of these requirements. If you hold these objections, inform the civil surgeon that you will apply for a waiver. If USCIS denies the waiver application, we may also deny the immigration benefit that you are seeking. For more information about these waivers, visit the USCIS Web site at [**www.uscis.gov**](http://www.uscis.gov)**.** |
| **Pages 8-9, Section V. USCIS Information** | [Page 8]  **USCIS Forms and Related Information?**  To ensure you are using the latest version of this form, visit the USCIS Web site at **www.uscis.gov** where you can obtain the latest USCIS forms and immigration-related information. If you do not have internet access, you may order USCIS forms by calling our toll-free number at **1-800-870-3676**.  You may also obtain forms and information by telephoning our USCIS National Customer Service Center at **1-800-375-5283**. For TDD (hearing impaired) call: **1-800-767-1833**.  As an alternative to waiting in line for assistance at your local USCIS office, you can now schedule an appointment through our Internet-based system, **InfoPass**. To access the system, visit our Web site. Use the **InfoPass** appointment scheduler and follow the screen prompts to set up your appointment. **InfoPass** generates an electronic appointment notice that appears on the screen.  **Address Changes**  If you have changed your address, you must inform USCIS of your new address. For information on filing a change of address go to the USCIS Web site at **www.uscis.gov/addresschange** or contact the USCIS National Customer Service Center at **1-800-375-5283.** For TDD (hearing impaired) call: **1-800-767-1833**.  **NOTE:** Do not submit a change of address request to the USCIS Lockbox facilities because the USCIS Lockbox facilities do not process change of address requests.  **Processing Information**  **Initial Processing**  Once the application has been accepted, it will be checked for completeness, including submission of the required initial evidence. If you do not completely fill out the form or file it without the required initial evidence, you will not establish a basis for eligibility and we may deny your application.  [Page 9]  **Requests for More Information**  We may request more information or evidence, or we may request that you appear at a USCIS office for an interview.  **Decision**  The decision on Form I-693 involves a determination of whether you have established eligibility for the requested benefit. You will be notified of the decision in writing.  [Currently after USCIS Privacy Act Statement]  **Penalties**  If you knowingly and willfully falsify or conceal a material fact or submit a false document with Form I-693, we will deny Form I-693 and may deny any other immigration benefit. In addition, you will face severe penalties provided by law and may be subject to criminal prosecution.  **USCIS Privacy Act Statement**  **AUTHORITIES:** The information requested on this form, and the associated evidence, is collected under the Immigration and Nationality Act, section 101, et seq.  **PURPOSE:** The primary purpose for providing the requested information on this form is to determine if you have established eligibility for the immigration benefit for which you are filing. The information you provide will be used to grant or deny the form.  **DISCLOSURE:** The information you provide is voluntary. However, failure to provide the requested information, and any requested evidence, may delay a final decision or result in denial of your benefit request.  **ROUTINE USES:** The information you provide on this form may be shared with other Federal, State, local, and foreign government agencies and authorized organizations following approved routine uses described in the associated published system of records notices [**DHS-USCIS-007 - Benefits Information System and DHS-USCIS-001 - Alien File, Index, and National File Tracking System of Records**, which can be found at **www.dhs.gov/privacy**]. The information may also be made available, as appropriate, for law enforcement purposes or in the interest of national security.  **Paperwork Reduction Act**  An agency may not conduct or sponsor an information collection and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The public reporting burden for this collection of information is estimated at 2 hours, 30 minutes per response, including the time for reviewing instructions, and completing and submitting the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Regulatory Coordination Division, Office of Policy and Strategy, 20 Massachusetts Ave., N.W., Washington, DC 20529-2140. OMB No. 1615-0033. **Do not mail your completed Form I-693 to this address.** | **[Page 10]**  **Part 6. USCIS Information**  ***USCIS Forms and Related Information***  To ensure you are using the latest version of this benefit request, visit the USCIS Web site at [**www.uscis.gov**](http://www.uscis.gov)where you can obtain the latest USCIS forms and immigration-related information. If you do not have Internet access, you may order USCIS forms by calling our toll-free number at **1-800-870-3676**. You may also obtain forms and information by calling our USCIS National Customer Service Center at **1-800-375-5283**. For TTY (deaf or hard of hearing) call: **1-800-767-1833**.  Instead of waiting in line for assistance at your local USCIS office, you can now schedule an appointment through our Internet-based system, **InfoPass,** at [**infopass.uscis.gov**](file:///C:\Users\lmwilso1\Desktop\infopass.uscis.gov\). Use the **InfoPass** appointment scheduler and follow the screen prompts to set up your appointment. **InfoPass** generates an electronic appointment notice that appears on the screen.  ***Address Changes***  You must notify the agency adjudicating your benefit of your new address within 10 days of moving from your previous residence. For information on filing a change of address with USCIS, go to the USCIS Web site at [**www.uscis.gov/addresschange**](http://www.uscis.gov/addresschange)or contact the USCIS National Customer Service Center at **1-800-375-5283.** For TTY (deaf or hard of hearing) call: **1-800-767-1833**.  **NOTE:** Do not submit a change of address request to the USCIS Lockbox facilities because these facilities do not process change of address requests.  ***Processing Information***  **Initial Processing**  Once USCIS accepts your Form I-693, we will check it for completeness. If you do not completely fill out the benefit request, USCIS may reject or deny your Form I-693.  **Requests for More Information**  The agency reviewing your Form I-693 may request more information or evidence to support your benefit request. The agency may also request that you provide the originals of any copies you submit. The agency will return any requested originals when they are no longer needed.  **Decision**  The decision on Form I-693 involves a determination of whether you have established eligibility for the associated immigration benefit you are seeking. The agency reviewing your Form I-693 will notify you of the decision in writing.  ***Penalties***  If you knowingly and willfully falsify or conceal a material fact or submit a false document with Form I-693, the agency reviewing your Form I-693 may deny the associated immigration benefit. In addition, you will face severe penalties provided by law and may be subject to criminal prosecution. USCIS may also revoke a physician's civil surgeon designation if he or she knowingly falsifies or conceals any material fact on a Form I-693 or includes any false documents or information to support any findings in the record.  **[Page 11]**  ***USCIS Privacy Act Statement***  **AUTHORITIES:** The information requested on this benefit request, and the associated evidence, is collected under section 212(a)(1)(A) of the Immigration and Nationality Act, as amended INA 101, et seq.  **PURPOSE:** The primary purpose for providing the requested information on this benefit request is to report results of a medical examination and provide vaccination records to USCIS. DHS will use the information you provide to determine whether you have any health conditions that may affect your eligibility for adjustment of status to that of a lawful permanent resident.  **DISCLOSURE:** The information you provide is voluntary. However, failure to provide the requested information, and any requested evidence, may delay a final decision or result in denial of your benefit request.  **ROUTINE USES:** DHS may share the information you provide on this benefit request with other Federal, state, local, and foreign government agencies and authorized organizations in accordance with approved routine uses, as described in the associated published system of records notices [DHS-USCIS-007 - Benefits Information System and DHS-USCIS-001 - Alien File (A-File) and Central Index System (CIS)] which you can find at [**www.dhs.gov/privacy**](http://www.dhs.gov/privacy). DHS may also make the information available, as appropriate, for law enforcement purposes or in the interest of national security.  ***Paperwork Reduction Act***  An agency may not conduct or sponsor an information collection, and a person is not required to respond to a collection of information, unless it displays a currently valid OMB control number. The public reporting burden for this collection of information is estimated at 2 hours and 30 minutes per response, including the time for reviewing instructions, gathering required documentation and information, completing the benefit request, preparing statements, attaching necessary documentation, and submitting the benefit request. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Regulatory Coordination Division, Office of Policy and Strategy, 20 Massachusetts Ave NW, Washington, DC 20529-2140.  OMB No. 1615-0033. **Do not mail your completed Form I-693 to this address.** |