



# Instructions for Report of Medical Examination and Vaccination Record

Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS  
Form I-693  
OMB No. 1615-0033  
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## 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.

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## 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.**

- Carefully read all these instructions, including **Part 3. Frequently Asked Questions**.
- Contact a doctor who is designated by USCIS as a civil surgeon to make an appointment.
- 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.**
- 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.**
- 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.
- 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).

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- 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 applicants 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. For TTY (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/>. 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.

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.

## 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**.

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 or 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.)

***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).

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**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.
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.**

### **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 the **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.

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- (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.

**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).

## 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](http://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).

## 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.

## 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.

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).

## **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](http://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 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.

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## *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.

## *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.**