## SUPPORTING STATEMENT APPENDIX A COMMENT SUMMARY FOR Report of Medical Examination and Vaccination Record OMB Control No.: 1615-0033 COLLECTION INSTRUMENT(S): Form I-693

On May 10, 2016, USCIS published a 60-day notice in the Federal Register at 81 FR 28884. USCIS received 17 public comments from 6 commenters in response to the 60-day notice.

USCIS considered all comments received and provides the following responses:

Comment		USCIS Response
1.	Form Tdap v. TD can be written above the date it was given no need for separate lines.	No change is needed. The Form already lists the alternatives on one line.
2.	Form A. Mailing address should be required only if different from physical address.	The proposed change is adopted. Form is revised to reads as follows: "Mailing address (if different)".
3.	Form B. There should be different lines for Tdap and TD, as both are required.	No change is needed. Under CDC guidelines, Tdap and Td are alternatives. USCIS has determined there is no need to have both.
4.	Form New 9 page form is too long; old form as better, please revert to it.	No change is needed. The old version of the form was obsolete. The new form helps to ensure that all needed information is included in an organized way.
5.	Instructions What name should a refugee use, if the refugee has no birth certificate?	USCIS does not require submission of a birth certificate. USCIS has revised to the Instructions to read as follows:
		"If you do not have, and cannot obtain, your birth certificate, use your full legal name as shown in government-issued identity document, such as a passport, or in a refugee travel document or similar official record." immediately before "Do not provide a nickname."

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6.	Only 10% compliance with requirement to complete treatment for latent TB. This makes no sense.	No change is needed. Latent TB does not make applicant inadmissible. The doctor should indicate whether applicant was referred for further treatment, but does not need to delay signing of Form I-693 until completion of further treatment.	
7.	Form Anyone who is "sick" should be denied admission.	No change is needed. "Sickness" in general does not make one inadmissible. Congress, in 212(a)(1) has specified which medical conditions are relevant. USCIS cannot add grounds not provided for in the statute.	
8.	Vaccine Requirements Agency should keep records of all adjustment applicants who get sick from required vaccines. Also why trust a foreign doctor's medical exam, since the doctor doesn't have to contribute to the support of aliens who immigrate based on the doctor's overseas medical exam?	No change is needed. USCIS does not regulate the approval of vaccines, nor does it monitor adverse effects of vaccines.	
9.	Form No one under 18 should be allowed to sign "under penalty of perjury." Minors can't be presumed to understand the consequences.	No change is needed. Some States limit a minor's ability to make certain contracts. But no American legal system assumes a minor is incapable of distinguishing true statements from false statements. For example, even a very young child victim of a crime can testify against the accused, if the court finds the very young child understands this distinction.	
10.	Should allow 6 to 9 weeks for completion of form, due to doctor's schedule, need to await lab reports, etc.	No change is needed. There is no "deadline" for completion of form. The doctor can, and should, sign only after doctor has received and reviewed all needed information.	
11.	Form Each page should have applicant's name and a-file #, so that if pages get separated, they can be put together again.	No change is needed. The revised form already includes this feature.	

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12. Instructions Should be more clear who can sign the form designated civil surgeon, or other physician or public health nurse for vaccination history.	No change is needed. The Instructions, p. 5, already states it must be signed by civil surgeon if there is a full medical exam. Physician at a public health service or clinic can sign if it just relates to vaccination history. The Instructions say any form signed by a nurse will be rejected.
13. Instructions Must there be an original signature? Will a stamped signature ok?	No change is needed. In agreement with Center for Disease Control (CDC), USCIS granted blanket civil surgeon designation to local and state health departments in the United States. This blanket designation allows health departments to complete the vaccination portion of Form I-693 for refugees seeking adjustment if they have a physician who meets the professional qualifications for a civil surgeon. If a refugee only requires the vaccination assessment, the only parts of the form that need to be completed are the applicant's information, the vaccination assessment, and the certifications. The other parts are irrelevant and do not have to be submitted.
	If the health department physician is completing only a vaccination assessment for refugees seeking adjustment, the physician's signature may be either an original (handwritten) or a stamped signature, as long as it is the signature of the health department physician. The signature of the physician must be accompanied by the health department's stamp or raised seal, whichever is customarily used.
	If the health department does not properly sign, the officer should return the medical documentation to the applicant for corrective action.
	The general signature policies may be expanded for a particular form. This is such a case. Existing USCIS policy definitively allows for a stamped signature by a health department physician (plus the health department's stamp or raised seal).
	The Instructions, p. 5, already say stamped signature is accepted.

Comment	USCIS Response	

14. Instructions Should be clearer, especially as to referrals.	No change is needed. As p. 4 makes clear, CDC, not USCIS, determines when a referral is needed.
15. Vaccine requirements remove requirement of the HPV vaccine.	USCIS does not have authority to make this change. CDC, not USCIS, decides which vaccines are required.
16. Form before adopting revisions, some sample of offices should be allowed to use it as a test, to see if it is workable.	This recommendation is not consistent with the Paperwork Reduction Act. USCIS must have OMB review for any standardized information collection if more than 10 are expected to submit the information. A sample size of fewer than 10 would not yield useful results.
17. Form Zika and ebola should be grounds for inadmissibility; also, living conditions and cultural practices (example, what animals are seen as properly eaten) should be considered.	No change is needed. CDC, not USCIS determines the scope of the medical exam.