**TABLE OF CHANGES – FORM**

**Form I-690, Supplement 1, Applicants With a Class A Tuberculosis Condition (As Defined by Health and Human Services Regulations)**

**OMB Number: 1615-0032**

**07/27/2020**

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| **Reason for Revision: Fee Rule**  **Project Phase:**  Legend for Proposed Text:   * Black font = Current text * Red font = Changes   Expires 7/31/2021  Edition Date 7/23/2020 |

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| **Current Page Number and Section** | **Current Text** | **Proposed Text** |
| **Page 1,**  **Part 1. Applicant's Information** | **[Page 1]**  **Part 1. Applicant's Information**  **1.** Family Name (Last Name)  Given Name (First Name)  Middle Name (if applicable)  **2.** Alien Registration Number (A-Number) (if any)  **3.** USCIS Online Account Number (if any) | **[Page 1]**  **Part 1. Applicant's Information**  **1.** Family Name (Last Name)  Given Name (First Name)  Middle Name  **2.** Alien Registration Number (A-Number)  **3.** USCIS Online Account Number |
| **Page 2,**  **Part 4. Statement by Physician or Health Facility** | **[Page 1]**  **…**  **2.** Name of Physician  Family Name (Last Name)  Given Name (First Name)  Middle Name (if applicable)  **…** | **[Page 1]**  **…**  **2.** Name of Physician  Family Name (Last Name)  Given Name (First Name)  Middle Name  **…** |