**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 7/31/2021Edition 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 PhysicianFamily Name (Last Name)Given Name (First Name)Middle Name (if applicable)**…** | **[Page 1]****…****2.** Name of PhysicianFamily Name (Last Name)Given Name (First Name)Middle Name **…** |