**TABLE OF CHANGES – FORM**

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

**OMB Number: 1615-0033**

**08/24/2021**

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| **Reason for Revision: Emergency**  **Project Phase: OMBReview**  Legend for Proposed Text:   * Black font = Current text * Red font = Changes   Expires 07/31/2022  Edition Date 07/15/2019 |

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| **Current Page Number and Section** | **Current Text** | **Proposed Text** |
| **Pages 12-13,**  **Part 10, Vaccination Record** | **[Page 12]**    **Part 10. Vaccination Record**  **NOTE:** See *Technical Instructions* at [**www.cdc.gov/immigrantrefugeehealth/exams/ti/civil/vaccination-civil-technical-instructions.html**](http://www.cdc.gov/immigrantrefugeehealth/exams/ti/civil/vaccination-civil-technical-instructions.html) for list of required vaccines.  Please make sure to mark every row. Reserve all comments for the Remarks section below. **NOTE:**  For purposes of the influenza vaccine, the flu season is October 1 through March 31. **For applicants who only require a vaccination assessment:** Submit only this Part with **Parts 1. - 5.**, and **Part 7.** of Form I-693. (If you need an interpreter, complete **Part 3. Interpreter's Contact Information, Certification, and Signature.)** For more information, see Form I-693 Instructions, **Frequently Asked Questions.**  **Vaccine History Transferred From A Written Record**  Vaccine  Specify Vaccine:  DT  DTaP  DTP  Specify Vaccine:  Td  Tdap  Specify Vaccine:  OPV  IPV  MMR (measles, mumps-rubella) or if monovalent or other combination of the vaccines are given, specify vaccines  Hib  Hepatitis B  Varicella  Pneumococcal  Influenza  Rotavirus  Hepatitis A  Meningococcal  Date Received (mm/dd/yyyy)  Date Received (mm/dd/yyyy)  Date Received (mm/dd/yyyy)  Date Received (mm/dd/yyyy)  **Vaccine Given**  Date Given by Civil Surgeon (mm/dd/yyyy)  **Complete Series**  Mark an X if complete; write date of lab test if immune or “VH” if varicella history  **Blanket Waivers to be Requested from USCIS (Not Medically Appropriate)**  Not Age-Appropriate  Contraindication  Insufficient Time Interval  Not Flu Season  **NOTE: Give a copy to the applicant.**  **[Page 13]**  **Results:**  Applicant may be eligible for blanket waivers as indicated above  Applicant will request an individual waiver based on religious or moral convictions  Vaccine history complete for each vaccine, all requirements met  Applicant does not meet immunization requirements  **Remarks:** (If needed, provide any comments, such as the reason for contraindication.)  **FOR USCIS USE ONLY**  **Remarks** (if any) | **[Page 12]**    **Part 10. Vaccination Record**  **NOTE:** See *Technical Instructions* at [**www.cdc.gov/immigrantrefugeehealth/exams/ti/civil/vaccination-civil-technical-instructions.html**](http://www.cdc.gov/immigrantrefugeehealth/exams/ti/civil/vaccination-civil-technical-instructions.html) for list of required vaccines, including COVID-19 vaccine guidance.  Please make sure to mark every row. Reserve all comments for the Remarks section below. **NOTE:**  For purposes of the influenza vaccine, the flu season is October 1 through March 31. **For applicants who only require a vaccination assessment:** Submit only this Part with **Parts 1. - 5.**, and **Part 7.** of Form I-693. (If you need an interpreter, complete **Part 3. Interpreter's Contact Information, Certification, and Signature.)** For more information, see Form I-693 Instructions, **Frequently Asked Questions.**  **Vaccine History Transferred From A Written Record**  Vaccine  Specify Vaccine:  DT  DTaP  DTP  Specify Vaccine:  Td  Tdap  Specify Vaccine:  OPV  IPV  MMR (measles, mumps-rubella) or if monovalent or other combination of the vaccines are given, specify vaccines  Hib  Hepatitis B  Varicella  Pneumococcal  Influenza  Rotavirus  Hepatitis A  Meningococcal  COVID-19  (In “Remarks” section, write “COVID-19” and specify vaccine brand)  Date Received (mm/dd/yyyy)  Date Received (mm/dd/yyyy)  Date Received (mm/dd/yyyy)  Date Received (mm/dd/yyyy)  **Vaccine Given**  Date Given by Civil Surgeon (mm/dd/yyyy)  **Complete Series**  Mark an X if complete; write date of lab test if immune or “VH” if varicella history  **Blanket Waiver(s) to be Requested from USCIS (Not Medically Appropriate)**  Not Age-Appropriate  Contraindication  Insufficient Time Interval  \*See Below Table  **NOTE: Give a copy to the applicant.**  **\*For Influenza vaccine**, check the box in this column only if vaccine is not medically appropriate because it is not flu season.  **\*For COVID-19 vaccine**, check the box in this column only if vaccine is not routinely available in the state where the civil surgeon practices according to the *Technical Instructions* blanket waivers for this vaccine.  **[Page 13]**  **Results:**  Applicant completed vaccination requirements or may be eligible for blanket waivers as indicated above  Applicant will request an individual waiver based on religious or moral convictions  [deleted]  Applicant does not meet immunization requirements  **Remarks:** (If needed, provide any comments, such as the reason for contraindication.)  **FOR USCIS USE ONLY**  **Remarks** (if any) |