**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 07/31/2022Edition 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**VaccineSpecify Vaccine:DTDTaPDTPSpecify Vaccine:TdTdapSpecify Vaccine:OPVIPVMMR (measles, mumps-rubella) or if monovalent or other combination of the vaccines are given, specify vaccinesHibHepatitis BVaricellaPneumococcalInfluenzaRotavirusHepatitis AMeningococcalDate 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-AppropriateContraindicationInsufficient Time IntervalNot Flu Season**NOTE: Give a copy to the applicant.****[Page 13]****Results:**Applicant may be eligible for blanket waivers as indicated aboveApplicant will request an individual waiver based on religious or moral convictionsVaccine history complete for each vaccine, all requirements metApplicant 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**VaccineSpecify Vaccine:DTDTaPDTPSpecify Vaccine:TdTdapSpecify Vaccine:OPVIPVMMR (measles, mumps-rubella) or if monovalent or other combination of the vaccines are given, specify vaccinesHibHepatitis BVaricellaPneumococcalInfluenzaRotavirusHepatitis AMeningococcalCOVID-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-AppropriateContraindicationInsufficient 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) |