

TABLE OF CHANGES – FORM
Form I-693, Report of Medical Examination and Vaccination Record
OMB Number: 1615-0033
08/24/2021

Reason for Revision: Emergency

Project Phase: OMBReview

Legend for Proposed Text:

- Black font = Current text
- **Red font** = Changes

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Current Page Number and Section	Current Text	Proposed Text
Pages 12-13, Part 10, Vaccination Record	<p>[Page 12]</p> <p>Part 10. Vaccination Record</p> <p>NOTE: See <i>Technical Instructions</i> at www.cdc.gov/immigrantrefugeehealth/exams/ti/civil/vaccination-civil-technical-instructions.html for list of required vaccines.</p> <p>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.</p> <p>Vaccine History Transferred From A Written Record</p> <p>Vaccine</p> <p>Specify Vaccine: DT DTaP DTP</p> <p>Specify Vaccine: Td Tdap</p>	<p>[Page 12]</p> <p>Part 10. Vaccination Record</p> <p>NOTE: See <i>Technical Instructions</i> at www.cdc.gov/immigrantrefugeehealth/exams/ti/civil/vaccination-civil-technical-instructions.html for list of required vaccines, including COVID-19 vaccine guidance.</p> <p>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.</p> <p>Vaccine History Transferred From A Written Record</p> <p>Vaccine</p> <p>Specify Vaccine: DT DTaP DTP</p> <p>Specify Vaccine: Td Tdap</p>

	<p>Specify Vaccine: OPV IPV</p> <p>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</p> <p>Date Received (mm/dd/yyyy) Date Received (mm/dd/yyyy) Date Received (mm/dd/yyyy) Date Received (mm/dd/yyyy)</p> <p>Vaccine Given</p> <p>Date Given by Civil Surgeon (mm/dd/yyyy)</p> <p>Complete Series</p> <p>Mark an X if complete; write date of lab test if immune or “VH” if varicella history</p> <p>Blanket Waivers to be Requested from USCIS (Not Medically Appropriate)</p> <p>Not Age-Appropriate Contraindication Insufficient Time Interval Not Flu Season</p> <p>NOTE: Give a copy to the applicant.</p> <p>[Page 13]</p> <p>Results: Applicant may be eligible for blanket waivers as indicated above</p>	<p>Specify Vaccine: OPV IPV</p> <p>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)</p> <p>Date Received (mm/dd/yyyy) Date Received (mm/dd/yyyy) Date Received (mm/dd/yyyy) Date Received (mm/dd/yyyy)</p> <p>Vaccine Given</p> <p>Date Given by Civil Surgeon (mm/dd/yyyy)</p> <p>Complete Series</p> <p>Mark an X if complete; write date of lab test if immune or “VH” if varicella history</p> <p>Blanket Waiver(s) to be Requested from USCIS (Not Medically Appropriate)</p> <p>Not Age-Appropriate Contraindication Insufficient Time Interval *See Below Table</p> <p>NOTE: Give a copy to the applicant.</p> <p>*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 <i>Technical Instructions</i> blanket waivers for this vaccine.</p> <p>[Page 13]</p> <p>Results: Applicant completed vaccination requirements or may be eligible for blanket waivers as indicated above</p>
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	<p>Applicant will request an individual waiver based on religious or moral convictions</p> <p>Vaccine history complete for each vaccine, all requirements met</p> <p>Applicant does not meet immunization requirements</p> <p>Remarks: (If needed, provide any comments, such as the reason for contraindication.)</p> <p>FOR USCIS USE ONLY Remarks (if any)</p>	<p>Applicant will request an individual waiver based on religious or moral convictions</p> <p>[deleted]</p> <p>Applicant does not meet immunization requirements</p> <p>Remarks: (If needed, provide any comments, such as the reason for contraindication.)</p> <p>FOR USCIS USE ONLY Remarks (if any)</p>
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