



# Instructions for Report of **Immigration** Medical Examination and Vaccination Record

Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS  
Form I-693  
OMB No. 1615-0033  
Expires 07/31/2025

## What Is the Purpose of Form I-693?

Form I-693 reports results of an **immigration** medical examination to U.S. Citizenship and Immigration Services (USCIS). USCIS requires the examination to establish that applicants who are seeking immigration benefits are not inadmissible to the United States on **health-related** grounds. You can find a list of **the** health-related grounds in **the Immigration and Nationality Act (INA) section 212(a)(1)**. The list is also available in these Instructions in the **Frequently Asked Questions** section, **Item Number 9**.

The results of your **immigration** medical examination are confidential, and USCIS uses them primarily for immigration purposes. When required by law, the civil surgeon may share your results with public health authorities. USCIS will generally not discuss your medical issues with other individuals, such as your attorney or BIA-accredited representative, immigration officers, or other government officials, unless they have a need to know the information.

**NOTE:** If you are applying for adjustment of status as a refugee, a derivative of an asylee, or a **K nonimmigrant** visa holder, before reading any further, see section entitled Frequently Asked Questions, **Item Numbers 2. - 5.**, of these Instructions.

## Applicant Instructions

### How Do I File Form I-693?

You must submit a separate Form I-693 for each applicant. **There is no filing fee for this form.**

1. Carefully read all these instructions, including the **Frequently Asked Questions** section.
2. Contact a doctor who is designated as a civil surgeon by USCIS to make an appointment.
3. Fill out **Part 1. Information About You** of Form I-693. **Do not sign the form until the civil surgeon tells you to sign it. You must sign in the presence of the civil surgeon.**
4. Attend your medical examination appointment and all follow-up examinations, as required. **If you have any medical records, including vaccination records, take them with you to the initial appointment.**

**NOTE: For applicants who are required to receive the COVID-19 vaccine, you must do so and provide documentation of vaccination to the civil surgeon, or the civil surgeon can administer the vaccine(s). See CDC's COVID-19 Technical Instructions for Civil Surgeons at <https://www.cdc.gov/immigrantrefugeehealth/civil-surgeons/covid-19-technical-instructions.html> for current requirements.**

5. **The civil surgeon must give you the completed Form I-693 in a sealed envelope for you to submit to USCIS.** Do not accept the form from the civil surgeon unless it is in a sealed envelope. USCIS will return your Form I-693 to you if it is not in a sealed envelope or if the envelope is opened or altered in any way. The civil surgeon should also give you a copy of the completed Form I-693 for your records.
6. Submit your completed Form I-693 in the sealed envelope to **USCIS**. **Form I-693** remains valid for two years from the date of the civil surgeon's signature.

- A. If you are applying for adjustment of status, Form I-485:** Submit Form I-693 according to the instructions for Form I-485, Application to Register for Permanent Residence or Adjust Status, which you may find on our website at [www.uscis.gov/I-485](http://www.uscis.gov/I-485).
- B. For all other applicants:** Follow the application’s instructions, follow the instructions that the office requesting the immigration medical examination gave you. Visit the USCIS Contact Center at [www.uscis.gov/contactcenter](http://www.uscis.gov/contactcenter) to learn more, including where to file this application. The USCIS Contact Center provides information in English and Spanish. For TTY call: 1-800-767-1833.

**NOTE:** The civil surgeon will ask you to verify your identity. Bring a valid government-issued form of photo identification to your appointment (for example, your unexpired passport or driver’s license). If you are under 14 years of age, acceptable documents for proof of identity must show your name, date and place of birth, parents’ full names, and any other identifying information about you. Acceptable documents include birth certificates (with a translation, if necessary) or affidavits.

### ***How Do I Find a Designated Civil Surgeon in My Area?***

To find a designated civil surgeon in your area, visit the USCIS website at [www.uscis.gov](http://www.uscis.gov). (Enter “Find a Doctor” into the “Search our Site” box. The “Find a Doctor” site will provide instructions on how to search for a civil surgeon in your areas. If you are a member or veteran of the U.S. armed forces or a dependent of one, or if you are a refugee seeking adjustment of status, you may be eligible to undergo an immigration medical examination conducted by a blanket designated civil surgeon. For more information, visit our website to see USCIS Policy Manual guidance for blanket designated civil surgeons at <https://www.uscis.gov/policy-manual/volume-8-part-c-chapter-3>.)

### **General Instructions**

USCIS provides forms free of charge through the USCIS website. To view, print, or fill out our forms, you should use the latest version of Adobe Reader, which you can download for free at <http://get.adobe.com/reader/>. If you do not have internet access, you may call the USCIS Contact Center at 1-800-375-5283 (TTY 1-800-767-1833) and ask that we mail you a form. The USCIS Contact Center provides information in English and Spanish.

**Signature.** Each Form I-693 must be properly signed and filed. For all signatures on this form, USCIS will not accept a stamped or typewritten name in place of a signature. If you are under 14 years of age, your parent or legal guardian may sign the form on your behalf. A legal guardian may also sign for a mentally incompetent person. If the request is not signed or if the requisite signature on the request is not valid, USCIS will reject the request. See 8 CFR 103.2(a)(7)(ii)(A). If USCIS accepts a request for adjudication and determines that it has a deficient signature, USCIS will deny the request.

There are special rules for blanket designated health departments or military physicians. Refer to these Instructions for additional information on how blanket designated civil surgeons may sign the form. (See section entitled ***How Do I, as a Civil Surgeon, Fill Out My Portion of This Form I-693?***, subsections “**Health departments performing the vaccination assessment for refugee adjustment applicants ONLY,**” and “**Military physicians performing the medical examination for members and veterans of the U.S. Armed Forces or U.S. Coast Guard, their eligible dependents, and other applicants as deemed necessary by USCIS in emergent circumstances.**”)

**Filing Fee.** There is no filing fee for this form.

**Evidence.** At the time of filing, you must submit all evidence and supporting documents listed in the **Specific Instructions** section of these Instructions.

**Copies.** You should submit legible photocopies of documents requested, unless the Instructions specifically state that you must submit an original document. USCIS may request an original document at the time of filing or at any time during processing of an application **or petition**. If USCIS requests an original document from you, it will be returned to you after USCIS determines it no longer needs your original.

**NOTE:** If you submit original documents when not required or requested by USCIS, **your original documents may be immediately destroyed after we receive them.**

**Translations.** If you submit a document with information in a foreign language, you must also submit a full English translation. The translator must sign a certification that the English language translation is complete and accurate, and that he or she is competent to translate from the foreign language into English. The certification must include the translator's **signature, printed name, the signature date, and the translator's contact information.**

## How To Fill Out Form I-693

1. **Type or print legibly in black ink.**
2. If you (the applicant or the civil surgeon) need extra space to complete any item within this application, use the space provided in **Part 11. Additional Information** or attach a separate sheet of paper. Type or print **your** name and Alien Registration Number (A-Number) (if any) at the top of each sheet; indicate the **Page Number, Part Number, and Item Number** to which your answer refers; and sign and date each sheet.
3. Answer all questions fully and accurately. If a question does not apply to you (for example, if you have never been married and the question asks, "Provide the name of your current spouse"), type or print "N/A" unless otherwise directed. If your answer to a question which requires a numeric response is zero or none (for example, "How many children do you have" or "How many times have you departed the United States"), type or print "None" unless otherwise directed.

### How To Fill Out My (the Applicant's) Portion of Form I-693

Form I-693 is divided into 11 parts. These instructions will help you and the civil surgeon complete Form I-693.

Only complete **Part 1.** of Form I-693 and the identifying information at the top of each page. The civil surgeon and any other doctors, clinics, or health departments that you are referred to will complete the remaining parts of Form I-693.

#### Part 1. Information About You

Complete this part before your medical examination appointment. Fill out your name and A-Number (if any) at the top of each page of Form I-693. The civil surgeon will check that this information matches **Part 1.**

**Item E. in Item Number 3. Alien Registration Number (A-Number)** (if any). **Provide your A-Number. Your A-Number is the number used to identify your immigration records. It begins with an "A" and can be found on correspondence that has been received from the Department of Homeland Security (DHS) or USCIS. If you do not have an A-Number, type or print "N/A."**

**Item F in Item Number 3. USCIS Online Account Number** (if any). **Providing your unique USCIS Online Account Number (OAN) helps you manage your online account. You have an Online Account Number if you previously filed an application, petition, or request online or by mail and were issued a receipt number that begins with IOE. If you filed a form online, you can find your OAN in your USCIS Online Account profile. If you mailed your form, you can find your OAN at the top of the USCIS Account Access Notice we sent you. The OAN is not the same as an A-Number. If you do not have a receipt number beginning with IOE, you do not have an OAN.**

#### Part 2. Applicant's Statement, Contact Information, Certification, and Signature

You must sign and date your application and, if applicable, provide your daytime telephone number, mobile telephone number, and email address. The signature of a parent or legal guardian, if applicable, is acceptable. A stamped or typewritten name in place of a signature is not acceptable.

### Part 3. Interpreter's Contact Information, Certification, and Signature

If you used anyone as an interpreter to read the Instructions and questions on this application to you in a language in which you are fluent, the interpreter must fill out this section, provide his or her name, the name and address of his or her business or organization (if any), his or her daytime telephone number, his or her mobile telephone number (if any), and his or her email address (if any). The interpreter must sign and date the application.

### Part 4. Contact Information, Declaration, and Signature of the Person Preparing this Application, if Other Than the Applicant

The person who completed your application, if other than the applicant must sign this section. If the same individual acted as your interpreter and your preparer then that person should complete both **Part 3.** and **Part 4.** A stamped or typewritten name in place of a signature is not acceptable.

**We recommend that you print or save a copy of your completed application to review in the future and for your records.**

## Civil Surgeon's Instructions

### *What Are My Responsibilities as a Designated Civil Surgeon?*

- 1. Truthfully and accurately report the results.** You are responsible for reporting the results of the medical examination and all laboratory reports on Form I-693 where indicated, and for signing the civil surgeon's certification provided on the form.  
  
You must take reasonable steps to ensure that the person appearing for the medical examination is the same person applying for the requested immigration benefit. All applicants must present a valid government-issued form of photo identification or another form of government-recognized identity documentation. You must note in **Part 5., Applicant's Identification Information, Item Numbers 1. - 2.,** the form of identification presented and identification number, if applicable. The law imposes severe penalties for knowingly and willfully falsifying or concealing a material fact or using any false documents in connection with this medical examination.  
  
You should direct the applicant to complete and sign in **Part 2., Item Numbers 1. - 3.,** in your presence. You should also ensure that the applicant's name and A-Number (if any) are at the top of each page of the Form I-693 and match the information provided in **Part 1.**
- 2. Follow U. S. Department of Health and Human Services (HHS) regulations and Centers for Disease Control and Prevention (CDC) guidelines.** As a USCIS-designated civil surgeon, you are required to perform the medical examination according to HHS regulations. These regulations include the specific guidelines found in the *Technical Instructions for Civil Surgeons*, published by the CDC. The *Technical Instructions for Civil Surgeons* (including periodic updates posted by the CDC) are available at <https://www.cdc.gov/immigrantrefugeehealth/civil-surgeons.html>.
- 3. Make referrals and file case reports, as required.** According to the CDC's *Technical Instructions for Civil Surgeons*, you are required to:
  - A. Refer** the applicant to the local health department if a chest X-ray suggests TB or other circumstances described in the CDC's *Technical Instructions for Civil Surgeons*.

- (1.) Abnormal chest x-ray findings suggestive of TB that require health department referral include infiltrate or consolidation, reticular markings suggestive of fibrosis, cavitary lesion, nodule(s) or mass with poorly defined margins (such as tuberculoma), pleural effusion, hilar/mediastinal adenopathy, miliary findings, discrete linear opacity, discrete nodule(s) without calcification, volume loss or retraction, irregular thick pleural reaction, or other.
  - (2.) Chest x-ray findings that do not require referral to the health department include smooth pleural thickening (if at costophrenic angle, must confirm that it is not an effusion by doing lateral or decubitus radiograph or ultrasound), diaphragmatic tenting, single or scattered calcified pulmonary nodule(s), and calcified lymph node(s).
- B. Ensure that any applicant diagnosed with syphilis is treated with the standard treatment regimen described in the CDC's *Technical Instructions for Civil Surgeons*.
  - C. Ensure that the applicant is tested for gonorrhea and given appropriate therapy, if applicable.
  - D. Refer the applicant to a Hansen's disease specialist for evaluation to confirm a suspected diagnosis of Hansen's disease (leprosy).
  - E. File a case report with the appropriate public health authorities if a case report is required by local laws or regulations. You must also advise the applicant that a case report is being filed.

### How Do I, as a Civil Surgeon, Fill Out My Portion of This Form I-693?

You, as the civil surgeon, are responsible for ensuring that Form I-693 is completed and signed as follows.

1. **Part 5. Applicant's Identification Information.** You are responsible for verifying the identity of the applicant and noting in **Part 5., Applicant's Identification Information, Item Numbers 1. - 2.**, the form of identification that the applicant presents to you and the identification number, if applicable. You are also required to check the top of each page of Form I-693 to make sure the name and A-Number (if any) are correct. Finally, you must require the applicant to sign the **Applicant's Certification in Part 2.** in your presence. The applicant **should sign at the beginning of the immigration medical examination, following the completion of Parts 1. through 5.**
2. **Part 6. Summary of Overall Findings.** After the medical examination and any required follow-up visits or examinations, summarize the results in **Part 6.** When completing **Item Number 2,** be sure to use the date that you obtained the applicant's permission to conduct the immigration medical examination and any required testing or labs (by obtaining their signature in **Part 2**).
3. **Part 7. Civil Surgeon's Contact Information, Certification, and Signature.** You must sign the certification after the medical examination is **complete.** Fill out your identifying information in this part before referring an applicant for further tests or evaluation. **Do not sign and date** this part until the referral or follow-up evaluation (if required) is completed and the applicant is medically cleared. *Your signature must be original.* Stamped signatures or typewritten names are not acceptable (except for blanket-designated health department or military physicians as described below). **You must also enter your Civil Surgeon Identification Number (CSID), unless you are performing the examination under a health department or military blanket designation. You can locate your CSID on the initial designation approval letter sent to you by USCIS, National Benefits Center. If you cannot locate your CSID, send an email to [Public.Engagement@uscis.dhs.gov](mailto:Public.Engagement@uscis.dhs.gov).**

In signing the Form I-693 in this part, you certify under penalty of perjury that you have a valid, unrestricted license in the jurisdiction in the United States in which you are conducting immigration medical examinations. You also certify under penalty of perjury that no other jurisdiction in the United States in which you conduct immigration-related medical examinations has revoked or placed restrictions on your license to practice medicine in that jurisdiction.

**For health departments performing the vaccination assessment for refugee adjustment applicants ONLY:** You must complete **Part 7. Civil Surgeon’s Contact Information, Certification, and Signature** of Form I-693. The original or stamped signature of the physician on staff at the health department must be present in **Part 7**. USCIS will reject signatures by attending nurses, physician assistants, or other medical professionals who are not licensed physicians. Health departments must also place either the official stamp or raised seal, whichever is customarily used, in **Part 7** where indicated.

**Military physicians performing the medical examination for members and veterans of the U.S. Armed Forces or U.S. Coast Guard, their eligible dependents and other applicants as deemed necessary by USCIS in emergent circumstances** must also complete **Part 7**. The original or stamped signature of the military physician operating under the blanket civil surgeon designation must appear in **Part 7**. USCIS will reject signatures by attending nurses, physician assistants, or other medical professionals who are not licensed physicians. Military treatment facilities must also place either their official stamp or raised seal in **Part 7** where indicated.

4. **Part 8. Civil Surgeon Worksheet and Part 10. Vaccination Record.** You must fill out this worksheet and provide the results of each component of the medical examination relating to: communicable diseases of public health significance, physical or mental disorders with associated harmful behavior, drug abuse or drug addiction, and vaccinations (including the COVID-19 vaccine series, one or two doses, depending on the formulation, and as applicable). You must also include the results of any lab work or other studies required to determine whether the applicant is inadmissible on health-related grounds.

**NOTE:** If you indicate that the applicant may be eligible for blanket waivers for some vaccines but has otherwise completed all other medically appropriate and available vaccination requirements, select the box “Applicant completed vaccination requirements or may be eligible for blanket waivers as indicated above.”

5. **Part 9. Referral Evaluation.** If you refer the applicant to a local health department or to another physician or clinic, you must also fill out **Item Number 5. Required Referral to Health Department or Other Doctor** in **Part 8. Civil Surgeon Worksheet** in Form I-693. The health care professional receiving the referral must fill out and sign **Part 9. Referral Evaluation**. Do not complete **Item Number 5** in **Part 8** if the referral is recommended and not required.

### *How Do I Complete Form I-693 If I Need to Make a Required Referral?*

Advise applicants that they must complete all health-related follow-up requirements before you can certify Form I-693. You must fill out **Item Number 5. Required Referral to Health Department or Other Doctor** in **Part 8. Civil Surgeon Worksheet** with the contact information of the physician or public health facility that will conduct further evaluation or provide treatment. You should also specify the type of examination and additional tests or treatment that the applicant should receive in the **Remarks** section of **Item Number 5**. The health care professional receiving the referral must fill out and sign **Part 9. Referral Evaluation**. Complete your identifying information in **Part 7**, but do not sign or date the application. Make a copy of the Form I-693 for your records and give the original to the applicant in a sealed envelope. (See the next section for additional instructions for sealing the envelope.)

### *What Should I Do After the Medical Examination and Health-Related Follow-Up Requirements (If Required) Are Completed?*

After the medical examination and any health-related required follow-up is complete, summarize the results in **Part 6** of Form I-693. **Do not sign Form I-693** until the applicant has met all health-related follow-up requirements. After that, sign the civil surgeon’s certification in **Part 7**, **Item Number 8**.

**Make two copies of the completed and signed Form I-693 and any supporting documents.** Keep one copy for your records. Give the other copy to the applicant. The vaccination portion of Form I-693 will serve as the applicant’s official vaccination record for future use (for example, school or employment purposes.)

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**Prepare the original of the completed and signed Form I-693 for submission to USCIS.**

Follow these steps:

1. Place the Form I-693 and any supporting documentation into an envelope.
2. Seal the envelope.
3. On the front, write in capital letters: “DO NOT OPEN. FOR USCIS USE ONLY.”
4. On the back, write your initials across the seal where the flap meets the envelope.
5. Seal the entire flap with clear tape. Make sure the tape covers your initials as well as the flap.
6. Give the sealed envelope to the applicant.

**The applicant must submit the sealed envelope to USCIS.**

**IMPORTANT: USCIS will not accept Form I-693 unless it is in a sealed envelope that is not opened or altered in any way.**

**Return to the applicant all supporting medical documents that you were not required to include in the sealed envelope.**

### Frequently Asked Questions

**1. Who must submit Form I-693?**

Most applicants filing for adjustment of status to become a lawful permanent resident must submit Form I-693 completed by a designated civil surgeon. Certain other applicants may also be required to submit Form I-693 completed by a civil surgeon.

**2. What if I am a refugee and already **completed an immigration medical examination abroad**?**

If you are now applying for adjustment of status under INA section 209 one year after your first admission **as a refugee, then** you only need to repeat the entire **immigration medical** examination if the panel physician found a **Class A** medical condition during **your examination**.

If the **panel physician did not find** a **Class A** medical condition and therefore, **you** do not need to repeat the full **immigration** medical examination, **then** you must still comply with the vaccination requirements. This means you only need to submit **Part 10**, Vaccination Record and Parts 1. - 5., and **Part 7**, of Form I-693. Contact your state or local refugee health coordinator to find out whether a state or local health department can complete the **Part 10**, of Form I-693. The health department must also complete **Part 7**, of the benefit request.

**3. What if I am a K nonimmigrant visa holder and already **completed an immigration medical examination abroad**?**

If you were admitted as a:

- A. K-1 fiancé(e) or a K-2 child of a K-1 fiancé(e); or
- B. K-3 spouse of a U.S. citizen or a K-4 child of a K-3 spouse of a U.S. citizen; and
- C. You received a medical examination prior to admission, then:

**(1)** You are not required to **complete** another **immigration** medical examination as long as you file your Form I-485 within one year of an **immigration** medical examination **completed outside the United States**; and

- (a)** The panel physician did not find a **Class A** medical condition during your **immigration medical** examination; or

(b) The panel physician did find a **Class A** medical condition, you received a waiver of inadmissibility, and you have complied with the terms and conditions of the waiver.

(2) Even if a new **immigration** medical examination is not required, you must still show proof that you complied with the vaccination requirements. If the vaccination record (DS 3025) was not properly completed and included as part of the **original medical** examination report **completed abroad**, you will need to have the **Part 10. Vaccination Record** completed by a designated civil surgeon. In this case, you must submit **Parts 1. - 5., 7., and 10.** of Form I-693.

**4. What if I am an asylee derivative applying for adjustment of status and already **completed an immigration medical examination abroad**?**

If you were admitted to the United States as an asylee derivative, you generally do not need to repeat, at the time you submit Form I-485, the entire **immigration medical examination provided** that:

- A. The panel physician found no **Class A medical** condition during your **immigration medical** examination **completed outside the United States**; and
- B. You are applying for adjustment of status within one year of becoming eligible to file.

You must, however, comply with the vaccination requirement and submit **Part 10. Vaccination Record** and **Parts 1. - 5., and 7.** of Form I-693 with your Form I-485.

**5. What if I am an Afghan national who entered the United States under Operation Allies Welcome (OAW), am applying for adjustment of status, and already **completed an immigration medical examination abroad**?**

If you are an Afghan national who applying for adjustment of status who entered the United States under OAW, you do not have to repeat the immigration medical examination by submitting Form I-693 if:

- The results of the immigration medical examination completed outside the United States by a panel physician are in your A-File and do not report a **Class A medical condition**;
- The panel physician completed the immigration medical examination no more than 4 years before the date you file to adjust status; and
- No evidence suggests that you have acquired a **Class A medical condition** after entry into the United States

**6. May any doctor perform the required **immigration** medical examination?**

Only a doctor who was designated by USCIS as a civil surgeon may perform the medical examination (**except for limited exceptions for military and health department blanket designated civil surgeons**). USCIS will not accept a Form I-693 completed by a doctor who is not a **currently** designated civil surgeon.

**7. How do I know if a doctor is a designated civil surgeon?**

Doctors found through the USCIS website at [www.uscis.gov](http://www.uscis.gov) or through the USCIS Contact Center are generally current in their designation as civil surgeons. Applicants who are unsure should ask doctors to confirm their status as a civil surgeon.

**8. Who pays for the **immigration** medical examination?**

You, the applicant, must pay all costs of the **immigration** medical examination, including the cost of any follow-up tests or treatment that is required. Make payments directly to the civil surgeon or other health care provider.

**9. What are the health-related grounds of inadmissibility?**

U.S. immigration law divides the health-related grounds of inadmissibility into the following four general categories:

- A. Communicable diseases of public health significance;
- B. Lack of proof of having received required vaccinations;



- C. Physical or mental disorders with associated harmful behavior or a history of associated harmful behavior; and
- D. Drug abuse or addiction.

See INA section 212(a)(1)(A). HHS regulations classify these and other medical conditions into class A or B **medical** conditions. Class A **medical** conditions result in inadmissibility while **Class B medical** conditions do not. See 42 CFR 34.2(d) - (e).

## Medical Evaluations

### 1. Communicable Diseases of Public Health Significance

The civil surgeon is required to perform specific tests for tuberculosis, syphilis, and gonorrhea. The medical examination also requires the civil surgeon to evaluate for other sexually transmitted diseases and Hansen's disease (leprosy).

If you have a communicable disease of public health significance, the civil surgeon will advise you on how to obtain treatment. USCIS will inform you of whether you also need to apply for a waiver of inadmissibility. To learn more about this waiver, visit the USCIS website at [www.uscis.gov](http://www.uscis.gov).

#### A. Testing for Tuberculosis

All applicants two years of age and older must be tested for tuberculosis (TB) with an initial screening test. Civil surgeons may require an applicant younger than two years of age to undergo testing if there is evidence of contact with a person known to have TB or other reasons to suspect TB. Testing must be completed per CDC guidelines, which can be found on the CDC website at <https://www.cdc.gov/immigrantrefugeehealth/civil-surgeons/tuberculosis.html>. If that test is positive, the applicant is required to have a chest X-ray and if that is abnormal and suggestive of TB, the applicant must be referred to the health department.

#### B. Testing for Syphilis (See CDC's *Syphilis Technical Instructions for Civil Surgeons* for required testing ages)

Civil surgeons **must** consult the latest version of CDC's *Technical Instructions for Civil Surgeons* (<https://www.cdc.gov/immigrantrefugeehealth/civil-surgeons/syphilis.html>) to ensure they are testing the currently required age ranges, using an approved type of test and following appropriate screening and testing procedures. Civil surgeons may require testing for applicants outside the CDC specified age ranges if there is reason to suspect infection with syphilis.

#### C. Testing for Gonorrhea (See CDC's *Gonorrhea Technical Instructions for Civil Surgeons* for required testing ages)

Civil surgeons **must** consult the latest version of CDC's *Technical Instructions for Civil Surgeons* (<https://www.cdc.gov/immigrantrefugeehealth/civil-surgeons/gonorrhea.html>) to ensure they are testing the currently required age ranges, using an approved type of test, and following appropriate screening and testing procedures. Civil surgeons may require testing for applicants outside the CDC specified age ranges if there is reason to suspect infection with gonorrhea.

### 2. Physical or Mental Disorders

This category of physical or mental disorders includes any diagnosis of substance-use disorders that involve any substance that is not listed in Schedule I, II, III, IV, or V of section 202 of the Controlled Substances Act (for example, diagnosis of an alcohol-use disorder). Mental disorders are diagnosed according to the diagnostic criteria in the most recent edition of the Diagnostic and Statistical Manual (DSM) or by another authoritative source as determined by the CDC director. Physical disorders are diagnosed according to the diagnostic criteria in the most recent edition of the World Health Organization's Manual of the International Classification of Diseases, Injuries, and Causes of Death (ICD) or by another authoritative source as determined by the CDC director. See the CDC's *Technical Instructions for Civil Surgeons* for more information.

***The presence of a physical or mental disorder alone does not make you inadmissible on health-related grounds.***

The civil surgeon must also determine that there is behavior associated with the disorder that is harmful to you, to others, or to property. USCIS will only consider you inadmissible if there is a current associated harmful behavior or a history of associated harmful behavior that is likely to recur.

The civil surgeon will ask you general questions during the medical examination to determine whether you have such a condition. The civil surgeon may refer you to a specialist for further evaluation, if necessary.

If the civil surgeon finds that you have a physical or mental disorder with associated harmful behavior, you may apply for a waiver. If the waiver is granted, you may be subject to terms, conditions, and controls as determined by USCIS in consultation with HHS. For more information about these waivers, visit the USCIS website at [www.uscis.gov](http://www.uscis.gov).

### **3. Drug Addiction and Drug Abuse**

***HHS sets the medical guidelines for determining drug abuse and drug addiction.*** The terms are defined at 42 CFR 34.2(h) and (i). The civil surgeon will review your medical history during the medical examination and ask you questions necessary to determine whether you are currently using any drugs or other psychoactive substances or have used them in the past.

“Drug abuse or drug addiction” is “current substance use disorder, mild, moderate, severe” **but only** with respect to substances listed in Schedule I, II, III, IV, or V of section 202 of the Controlled Substances Act. The diagnosis is made according to the diagnostic criteria in the most current edition of the DSM or by another authoritative source as determined by the CDC Director.

If the civil surgeon determines you have a substance-related disorder, you are **not** eligible to apply for a waiver **unless** you are applying for adjustment of status one year after you were admitted as a refugee or granted asylum.

You will no longer be inadmissible based on drug abuse or drug addiction if, after a later medical examination by a civil surgeon, the civil surgeon finds your drug abuse or addiction is in remission. The diagnosis of remission is made according to the diagnostic criteria in the most current edition of the DSM or another authoritative source as determined by the CDC director.

## **Vaccination Requirements**

All applicants for adjustment of status must present documents showing they were vaccinated against a broad range of vaccine-preventable diseases. The civil surgeon will review your vaccination history with you to determine whether you have had all the required vaccinations. Make sure you take your vaccination records with you to your appointment with the civil surgeon.

**NOTE:** With the exception of those required to get the COVID-19 vaccine, you should not attempt to meet the vaccination requirements before the civil surgeon evaluates you in case any of the required vaccines are not medically appropriate for you. However, completing the COVID-19 vaccination process before your appointment with a civil surgeon will expedite the immigration medical examination process. For more information about the COVID-19 vaccination requirements, see <https://www.cdc.gov/immigrantrefugeehealth/civil-surgeons/covid-19-technical-instructions.html>.

You can find information about other required vaccines at <https://www.cdc.gov/immigrantrefugeehealth/civil-surgeons/vaccinations.html>.

If you never received certain vaccines, or you are unable to prove you received them, the civil surgeon can provide them to you. You also have the option to ask your family doctor to administer those vaccines to you after your evaluation by the civil surgeon. If you choose that option, show the records to the civil surgeon to note on Form I-693.

If you initially did not have documents proving you received all the required vaccines, but later submit those documents, USCIS may grant you a waiver based on the civil surgeon’s certification on **Part 10. Vaccination Record** of Form I-693. USCIS may also grant you a blanket waiver if the civil surgeon indicates that you may be eligible for blanket waivers for some vaccines but have otherwise completed all other medically appropriate and available vaccination requirements.

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HHS has determined that a vaccine is “not medically appropriate” if:

1. The vaccine is not recommended for your specific age group;
2. There is a medical reason why it would not be safe to have the vaccine (for example, you are allergic to eggs and/or yeast or you had bad reactions to prior vaccines);
3. You are unable to complete the entire series of a required vaccine within a reasonable amount of **time**;
4. For the influenza vaccine, it is not **available in the location where the civil surgeon practices**; or
5. For the COVID-19 vaccine, it is not routinely available in the **location** where the civil surgeon practices.

If you object to required vaccinations because of sincerely held religious beliefs or moral convictions, you may apply for a waiver of these requirements. If you hold these objections, inform the civil surgeon that you will apply for a waiver. If USCIS denies the waiver application, we may also deny the immigration benefit that you are seeking. For more information about these waivers, visit the USCIS website at [www.uscis.gov](http://www.uscis.gov).

### Address Change (For Applicants Only)

An applicant or petitioner who is not a U.S. citizen must notify USCIS of his or her new address within 10 days of moving from his or her previous residence. For information on filing a change of address, go to the USCIS website at [www.uscis.gov/addresschange](http://www.uscis.gov/addresschange) or reach out to the USCIS Contact Center at [www.uscis.gov/contactcenter](http://www.uscis.gov/contactcenter) for help. **If you do not have internet access, you may call the USCIS Contact Center at 1-800-375-5283 (TTY 1-800-767-1833).** The USCIS Contact Center provides information in English and **Spanish**.

**NOTE:** Do not submit a change of address request to the USCIS Lockbox facilities because the Lockbox does not process change of address requests.

### USCIS Forms and Information

To ensure you (the applicant or the civil surgeon) are using the latest version of this form, visit the USCIS website at [www.uscis.gov](http://www.uscis.gov) where you can obtain the latest USCIS forms and immigration-related information. If you do not have internet access, you **may call** the USCIS Contact Center at **1-800-375-5283 (TTY 1-800-767-1833)**. The USCIS Contact Center provides information in English and Spanish.

**Please visit us at [www.uscis.gov/contactcenter](http://www.uscis.gov/contactcenter) to get basic information about immigration services and ask questions about a pending case. Through our digital self-help tools and live assistance, the USCIS Contact Center provides a pathway for you to get consistent, accurate information and answers to immigration case questions.**

### Penalties

If you (the applicant or the civil surgeon) knowingly and willfully falsify or conceal a material fact or submit a false document with the Form I-693, **we will deny your Form I-485 and may deny any other immigration benefit. In addition,** you will face severe penalties provided by law and may be subject to criminal prosecution.

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## DHS Privacy Notice

**AUTHORITIES:** The information requested on this form, and the associated evidence, is collected under the Immigration and Nationality Act section 212(a)(1)(a).

**PURPOSE:** The primary purpose for providing the requested information on this form is to report results of a medical examination and provide vaccination records to USCIS. DHS uses the information to assist with determining eligibility for the immigration benefit you are seeking.

**DISCLOSURE:** The information you provide is voluntary. However, failure to provide the requested information, including your Social Security number (if applicable), and any requested evidence, may delay a final decision or result in denial of your form.

**ROUTINE USES:** DHS may share the information you provide on this form and any additional requested evidence with other Federal, state, local, and foreign government agencies and authorized organizations in accordance with approved routine uses described in the associated published system of records notices [DHS/USCIS/ICE/CBP-001 Alien File, Index, and National File Tracking System and DHS/USCIS-007 Benefits Information System] and the published privacy impact assessments [DHS/USCIS/PIA-003 Integrated Digitization Document Management Program (IDDMP) and DHS/USCIS/PIA-067 Civil Surgeon Designation] which you can find at [www.dhs.gov/privacy](http://www.dhs.gov/privacy). DHS may also share this information, as appropriate, for law enforcement purposes or in the interest of national security.

## Paperwork Reduction Act

An agency may not conduct or sponsor an information collection, and a person is not required to respond to a collection of information, unless it displays a currently valid Office of Management and Budget (OMB) control number. The public reporting burden for this collection of information is estimated at **3 hours per** response, including the time for reviewing instructions, gathering the required documentation and information, completing the form, preparing statements, attaching necessary documentation, and submitting the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Regulatory Coordination Division, Office of Policy and Strategy, 5900 Capital Gateway Drive, Mail Stop #2140, Camp Springs, MD 20588-0009; OMB No. 1615-0033. **Do not mail your completed Form I-693 to this address.**