

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

I-693, Report of Medical Examination and Vaccination Record

START HERE - Please type or print in CAPITAL letters (Use black ink)

Part 1. Information about you *(The person requesting a medical examination or vaccinations must complete this part)*

Family Name (Last Name)	Given Name (First Name)	Full Middle Name
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Home Address: Street Number and Name		Apt. Number
<input style="width: 95%;" type="text"/>		<input style="width: 20%;" type="text"/>
		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
City	State	Zip Code
<input style="width: 95%;" type="text"/>	<input style="width: 20%;" type="text"/>	<input style="width: 20%;" type="text"/>
Phone # (Include Area Code) no dashes or ()		
<input style="width: 95%;" type="text"/>		
Date of Birth (mm/dd/yyyy)	Place of Birth (City/Town/Village)	Country of Birth
<input style="width: 20%;" type="text"/>	<input style="width: 20%;" type="text"/>	<input style="width: 20%;" type="text"/>
A-number (if any)	U.S. Social Security # (if any)	
<input style="width: 20%;" type="text"/>	<input style="width: 40%;" type="text"/>	

Applicant's Certification

I certify under penalty of perjury under United States law that I am the person who is identified in **Part 1** of this Form I-693, Report of Medical Examination and Vaccination Record, and that the information in **Part 1** of this form is true to the best of my knowledge. I understand the purpose of this medical exam, and I authorize the required tests and procedures to be completed. If it is determined that I willfully misrepresented a material fact or provided false/altered information or documents with regard to my medical exam, I understand that any immigration benefit I derived from this medical exam may be revoked, that I may be removed from the United States, and that I may be subject to civil or criminal penalties.

Signature - Do not sign or date this form until instructed to do so by the civil surgeon **Date (mm/dd/yyyy)**

<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
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Part 2. Medical examination *(The civil surgeon completes this part)*

1. Examination

Date of First Examination	Date(s) of Follow-up Examination(s) if Required:		
<input style="width: 95%;" type="text"/>	Date of Exam	Date of Exam	Date of Exam
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Summary of Overall Findings:

No Class A or Class B Condition Class A Conditions (see 2 through 5 below) Class B Conditions (see 2 through 6 below)

2. Communicable Diseases of Public Health Significance

A. Tuberculosis (TB)

Tuberculin Skin Test (TST) (Required for applicants 2 years of age and older: for children under 2 years of age, see pp. 11-12 of Technical Instructions at <http://www.cdc.gov/ncidod/dq/civil.htm>.)

Date TST Applied	Date TST Read	Size of Reaction (mm)
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Chest X-Ray - Required **ONLY** for TST reactions of ≥ 5 mm or if specific TST exception criteria met, or for an applicant with TB symptoms or immunosuppression (e.g., HIV). **Attach copy of X-Ray Report.**

Date Chest X-Ray Taken	Date Chest X-Ray Read	Results
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input type="checkbox"/> Normal
<input type="checkbox"/> Abnormal (Describe results in remarks.)		

Findings:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> No Class A or Class B TB | <input type="checkbox"/> Class B1 Pulmonary TB | <input type="checkbox"/> Class B2 Pulmonary TB | <input type="checkbox"/> Class B, Other Chest Condition (non-TB) |
| <input type="checkbox"/> Class A Pulmonary TB Disease | <input type="checkbox"/> Class B1 Extra Pulmonary TB | <input type="checkbox"/> Class B, Latent TB Infection | |

Remarks: (Include any signs or symptoms of TB, additional tests, and therapy given, with stop and start dates and any changes.)



Part 2. Medical Examination (Continued)

B. Syphilis

Serologic Test for Syphilis (Required for applicants 15 years and older)

Date Screening Run

If Reactive, Date Confirmation Run

Screening Nonreactive

Screening Reactive, Titer 1:

Confirmation Nonreactive

Confirmation Reactive

Findings:

No Class A or Class B Syphilis

Syphilis, Class A (untreated)

Syphilis, Class B (with residual deficit, treated in the past year)

Remarks: (Include any therapy given with doses and dates.)

C. HIV/AIDS

Serologic Test for HIV Antibody (Required for applicants 15 years and older)

Date Screening Run

Screening Negative

Screening Positive

Screening Indeterminate

If Positive or Indeterminate, Date Confirmation Run

Confirmation Negative

Confirmation Positive

Findings:

No Class A HIV

HIV, Class A

Remarks: (Include any signs or symptoms of HIV infection, therapy given, and any counseling, or referrals.)

D. Other Class A/Class B Conditions for Communicable Diseases of Public Health Significance

Findings:

Chancroid, Class A

Gonorrhea, Class A

Hansen's Disease (Leprosy, Infectious), Class A

Granuloma Inguinale, Class A

Lymphogranuloma Venereum, Class A

Hansen's Disease (Leprosy, Noninfectious), Class B

Remarks: (Include any therapy given and any counseling, or referrals.)

3. Physical or Mental Disorders With Associated Harmful Behavior

Physical/Mental Disorder, With Associated Harmful Behavior, Class A

Physical/Mental Disorder, Without Associated Harmful Behavior, Class B

Remarks: (Include diagnosis, with likelihood of harmful behavior to recur, therapy given, and any counseling, or referrals.)

4. Drug Abuse/Drug Addiction

Substance (Drug) Use, Listed in Section 202 of Controlled Substance Act, Class A

Substance (Drug) Use, Not Listed in Section 202 of Controlled Substance Act, But With Associated Harmful Behavior, Class A

Prior Substance (Drug) Use in Remission, Class B

Remarks: (Include any therapy given, rehabilitation, counseling, or referrals.)

