

# I-693, Report of Medical Examination and Vaccination Record

OMB No. 1615-0033; Expires 10/30/11

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

## Part I. Information About You (The person requesting a medical examination or vaccination must complete this part)

Family Name (Last Name)		Given Name (First Name)		Full Middle Name	
Home Address: Street Number and Name					
City		State		Zip Code	
Date of Birth (mm/dd/yyyy)		Place of Birth (City/Town/Village)		Country of Birth	
A-Number (if any)		U.S. Social Security # (if any)		Date of Birth (mm/dd/yyyy)	

### Applicant's Certification

I certify under penalty of perjury under United States law that I am the person who is identified in Part I of this Form I-693, Report of Medical Examination and Vaccination Record, and that the information in Part I 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

Signature	Date (mm/dd/yyyy)
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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:
Examination	Date of Exam
Summary of Overall Findings:	Date of Exam
<input type="checkbox"/> No Class A or Class B Condition	<input type="checkbox"/> Class A Conditions (see 2 through 5 below)
<input type="checkbox"/> Class B Conditions (see 2 through 6 below)	

## 2. Communicable Diseases of Public Health Significance

A. Tuberculosis (TB): An initial screening test, either a Tuberculin Skin Test (TST) or an Interferon Gamma Release Assay (IGRA) is required for all applicants 2 years of age and older; for children under 2 years of age, see *Technical Instructions* at <http://fdcd.gov/ncidod/dq/civil.htm>. The civil surgeon should perform one type of initial screening test only, followed by further evaluation, if needed (chest X-ray).

1. Tuberculin Skin Test (TST):	
<input type="checkbox"/> Not administered (TST exception applies)	Date TST Applied
<input type="checkbox"/> Negative (4mm or less of induration)	Date TST Read
<input type="checkbox"/> Positive ( $\geq 5$ mm; chest X-ray required)	Size of Reaction (mm)

2. Interferon Gamma Release Assay (IGRA) (for acceptable IGRAs consult the Technical Instructions and any updates posted on CDC's Web site at <http://www.cdc.gov/ncidod/dq/civil.htm>):

<input type="checkbox"/> Not administered (IGRA exception applies)	Name of Test
<input type="checkbox"/> exception applies	Date Blood Sample Drawn

