

# PLEASE READ THE FOLLOWING INFORMATION

1. Cost of exam is \$200 (cash or money order) paid upfront at time of exam, per applicant. We DO NOT accept any health insurance for the exams or for any immunizations given in our office. Staff will advise you upon review of records if additional payment is necessary.

*We DO NOT accept credit/debit cards or personal checks for payment for the applications.*

2. ALL applicants 14 and over must sign their OWN I-693 form. No one's spouse, family member, parent or legal guardian can sign for them!
3. ALL applicants are required to do QUANTIFERON GOLD for Tuberculosis. ALL applicants age 18-44 are required to do lab tests for RPR and applicants age 18-24 are required to do lab tests for N. GONORRHEA.
  - a. Immunity testing can be offered to applicants that do not have proof of vaccinations for MMR, Varicella, Hepatitis B or Hepatitis A.

\*Note: You may use your health insurance for the lab work at LabCorp, Quest or outside lab of choice. Please check with the lab for more information on cost of required labs. \*\*If you do not have health insurance, we do have a lab that accepts self-pay applicants but it's a variable cost upfront per applicant.

4. Required vaccines vary depending on age. Price for each required vaccine varies, which may also require upfront payment (if needed). If you have health insurance you may have also return to your own doctor or pharmacy to be vaccinated.
  - a. Children 18 & under: required to be up to date on vaccines for their age & proof of Covid Primary or Bivalent series
  - b. Adults 19-64: require 1 TDAP (w/i 10yrs), 2 doses MMR, 2 doses Varicella, 3 doses of Hep B, & proof of Covid Primary or Bivalent series
  - c. Adults 65+: require 1 TDAP (w/i 10yrs), 2 doses Varicella, proof of Covid Primary or Bivalent series & 1 dose of Prevnar 20
5. ALL applicants age 6 months and over must show proof of a completed Covid Series. If not, you must have 1 Bivalent Booster (dated Sept 2022 or after). Immunity testing is not acceptable!

(Primary series 2 doses Pfizer & Moderna, 1 dose J&J) (Boosters can be 1-2 doses of Pfizer or Moderna) (Bivalent Booster 1-2 dose Pfizer or Moderna)

6. Flu Shots are required for 6 months & up, during FLU season ONLY. (August-March)
7. ALL applicants must have a VALID form of Identification (i.e., Passport, Driver's License, Visa) that is not about to expire.
8. Please be aware the application process may take 2-7 days to complete your I-693 form, depending on labs and immunizations results.
9. Applications that expire or need retyping is a cost of \$200 per retyped application. After 2 years, the application is expired and everything must be redone, (i.e., exam & lab work).

**Please bring Up-To-Date Vaccination records, Covid-19 Vaccine Card(s), Lab Work (if available), Valid form of Identification to scheduled appointment.**

## What to expect during the exam administered by Civil Surgeon?

The following documentation can be helpful to complete your application as per USCIS. If you can obtain any of the documents listed below and bring it with you at the time of your exam it may eliminate the need for additional testing, vaccinations and further visits to our office:

1. Copy of your full vaccination records with dates and vaccines clearly identified and signature of health care provider or facility.
2. Any other pertinent medical history related to infectious diseases you might have suffered from and treatments administered.
3. Documentation of any psychiatric disease, drug abuse problems, treatment and follow up.

## What happens during the exam?

1. You will complete a simple questionnaire regarding your medical history.
2. You will undergo document review with a nurse and a medical examination by a physician. If a medical condition was discovered during your exam, you would be advised of the findings and recommended to seek treatment from your primary care physician and emergency room if applicable.
3. Your vaccination requirements will be discussed with you by a nurse & physician. Vaccination requirements are established by CDC (Center for Disease Control). In the event you do not meet the requirements for vaccination you will be offered an option to:
  - a. Either: use your primary physician, a pharmacy or receive them at our office for administration for the needed vaccination for additional fee.
  - b. Provide blood results from US based reference lab establishing immunity to the following diseases: Rubella (German Measles), Mumps, Rubeola (Measles), Varicella (Chicken Pox), Hepatitis A, Hepatitis B. If the blood test shows immunity, you do not need the vaccine against the disease you are immune to. If you do not have proof of a previous blood test, for your convenience we can provide a prescription for these blood tests to do at a lab or you can have your Primary Care Physician to perform these lab tests we will be happy to accept the lab report from any reference lab.
  - c. In the event of an applicant is unable to have a vaccination due to allergic reaction or medical condition, **written documentation from a medical provider will be required in order to complete the vaccination portion of the application.**
  - d. Self-reported vaccine doses without written documentation are not acceptable.
4. If you are age 18-44 you will have to submit for the blood test screening for Syphilis and age 18-24 you will have to submit for the blood test screening for Neisseria Gonorrhoeae. These blood tests are sensitive but not very specific. In the case of a positive result, it may not necessarily mean that the disease is active but will require further testing or specialist consult. No additional testing will be done without prior discussion with you or your legal guardian. In the event you agree with further testing and you were found to have Syphilis or Neisseria Gonorrhoeae you will be referred to your Primary Care Physician for appropriate therapy. Upon completion of therapy, please supply the necessary documents to complete your I-693 form.

5. Each individual applicant will have to submit the blood test for Tuberculosis called Quantiferon Gold. Tuberculin skin test (TST) can not be used as a substitute to complete the I-693 application. In the case of a positive result, it may not necessarily mean that you have the disease but will require further testing. A Chest X-Ray will be required to be performed in order to complete your application. If the applicant is pregnant, she may defer the Chest X-Ray until her delivery date but the Civil Surgeon will not be able to complete her medical form until such study is performed. In the event you were found to have active tuberculosis you are required to complete the treatment and your medical form will be completed only after successful completion of treatment course for Tuberculosis. You will be referred to the Health Department and your Primary Care Physician for treatment of active Tuberculosis.

- a. Applicants providing written documentation (with a health care provider's signature) of a prior positive IGRA (blood test for activity of tuberculosis done in reference lab with report attached). If more than one IGRA has previously been performed, the most recent result should be used. The written documentation must include: date of the test, type of IGRA performed, test results including units of measurement and the testing healthcare provider's name, signature and office information. A verbal history from the applicant of a positive IGRA or TST result is not acceptable. BCG vaccination is also not acceptable.

6. Each individual applicant who has completed any approved\* primary COVID-19 series prior to the exam require no additional COVID-19 doses for immigration. Those who have not should receive a bivalent vaccine (dated Sept 2022 or after) according to current CDC guidance. The COVID-19 vaccination requirement will differ from previous requirements in that the entire primary vaccine series must be completed in addition to the other routinely required vaccines. COVID-19 vaccinations can now be given at any time, without regard to the timing of other vaccinations. Civil surgeons are expected to remain informed about changing recommendations, such as expansion of recommendations to include younger children, availability of additional authorized and approved COVID-19 vaccines, and any new contraindications or precautions. **Self-reported vaccine doses without written documentation are not acceptable.** If you/child are unable to receive the COVID-19 vaccine, in order for the Civil Surgeon to determine that a vaccine is "not medically appropriate" or you/child have a "Contraindication" please provide a letter from your Medical Doctor with a medical reason why it would not be safe to have the vaccine.

\*Please note Immigration does not have to accept the reason for non-vaccination, if this is determined by USCIS at your review, you must then follow the instructions by your reviewer or letter received via mail from USCIS.

- a. Laboratory tests for COVID-19 immunity must not be used for the civil surgeon exam. The applicant is required to receive the COVID-19 vaccine primary series/Bivalent dose regardless of evidence of immunity or prior COVID-19 infection.
- b. Effective July 25, 2022, the lower age limit for the COVID-19 vaccine requirement is 6 months of age. Any applicant 6 months through 4 years of age who presents for a medical examination on or after this date will be subject to this requirement.

**ALL PAYMENTS MUST BE MADE IN THE FORM OF CASH OR CERTIFIED CHECK (THIS IS A CHECK THAT IS GIVEN THROUGH A BANK SUCH AS A MONEY ORDER. NO PERSONAL CHECKS OR CREDIT/DEBIT CARDS WILL BE ACCEPTED).**



# 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 03/31/2025

▶ **START HERE - Type or print in black ink.**

## Part 1. Information About You (To be completed by the person requesting a medical examination, NOT the civil surgeon.)

1. Your Full Legal Name (Do not provide a nickname)

Family Name (Last Name)

Given Name (First Name)

Middle Name (if applicable)

2. Current Physical Address

In Care Of Name (if any)

Street Number and Name

Apt. Ste. Flr. Number

  

City or Town

State

ZIP Code

Province

Postal Code

Country

3. Other Information

A. Gender

Male  Female

B. Date of Birth (mm/dd/yyyy)

C. City/Town/Village of Birth

D. Country of Birth

E. Alien Registration Number (A-Number) (if any)

▶ A-

F. USCIS Online Account Number (if any)

4. Immigration Medical Examination Requirement

- A.  I am eligible for completion of the vaccination record portion only, because I previously completed an overseas immigration medical examination, signed by a panel physician (refugee or derivative asylee adjustment of status applicants under Immigration and Nationality Act (INA) section 209 and K nonimmigrant visa holders applying for adjustment of status).

**NOTE: If you selected this box for Item A. in Item Number 4., you, the applicant, and the civil surgeon are responsible for completing Parts 1. - 5., Part 7., and Part 10.**

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

### Applicant's Contact Information

Provide your daytime telephone number, mobile telephone number (if any), and email address (if any).

1. Applicant's Daytime Telephone Number

2. Applicant's Mobile Telephone Number (if any)

3. Applicant's Email Address (if any)



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**Patient questionnaire for USCIS Form I-693**

Patients Name: \_\_\_\_\_ Patients DOB: \_\_\_\_\_

1. Have you ever been diagnosed with Tuberculosis? \_\_\_ Yes \_\_\_ No
2. Have you ever been diagnosed with any of the following conditions? If yes please write the explanations below when diagnosis was made and how it was treated.
  - a. Chancroid (genital ulcer) \_\_\_ No \_\_\_ Yes, \_\_\_\_\_
  - b. Granuloma Inguinale (genital disease) \_\_\_ No \_\_\_ Yes, \_\_\_\_\_
  - c. Gonorrhea \_\_\_ No \_\_\_ Yes, \_\_\_\_\_
  - d. Lymphogranuloma Venereum (STI) \_\_\_ No \_\_\_ Yes, \_\_\_\_\_
  - e. Leprosy (Hansen's disease) \_\_\_ No \_\_\_ Yes, \_\_\_\_\_
  - f. HIV \_\_\_ No \_\_\_ Yes, \_\_\_\_\_
3. Have you ever been diagnosed with any of the following conditions? If yes please indicate diagnosis, likelihood of recurrence, therapy given, referral given.
  - a. Current Physical/Mental disorder with associated Harmful Behavior \_\_\_ Yes \_\_\_ No
  - b. History of Physical/Mental disorder with associated Harmful Behavior \_\_\_ Yes \_\_\_  
No

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4. Have you ever been diagnosed and/or treated for Drug Abuse or Substance abuse? \_\_\_ Yes \_\_\_ No  
If Yes, please indicate the diagnosis, substance/drug treatment and has remission been achieved and when.
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I certify that the above responses are true to the best of my knowledge and I agree to any and all charges that have been made known to me.

\_\_\_\_\_  
**Print Name of Patient or Legal Guardian**

\_\_\_\_\_  
**Signature of Patient or Legal Guardian**

\_\_\_\_\_  
**Date**

Note: Changes per USCIS happen frequently and our office will complete your application(s) with the requirements at the time of exam. Any changes that happen after your application has been completed and signed that will require an updated application and will be subject to a new application fee. If application has to be resupplied for any reason a fee will apply. (i.e., lost, misplaced, enveloped tampered with.)