#### **Immigration Visit Price List & Instructions**

Immigration Physical

\$200.00\*

**Required Vaccinations** 

Current year Influenza Vaccination \$30.00 -\$55.00\*

Chicken Pox (Varicella)

\$155.00\*

Measles, Mumps & Rubella (MMR) \$90.00\*

Tetanus- Diphtheria-Pertussis

\$55.00\*

Bloodwork (RPR, TB & Gonorrhea) \$135.00\* Draw Fee \$15.00\*

\*price subject to change

\*\*\*\* Patients over the <u>age of 65 are not required</u> to have the Measles, Mumps & Rubella vaccination but are required to have the pneumococcal vaccination which has a cost of \$200.00.

You must bring a government issued form of identification as well as records of any vaccinations that you have received.

If the results of your Lab test are abnormal, additional testing and or treatment will be necessary at your expense.

We only accept insurance for the Bloodwork portion of the .

<u>Cash</u> or <u>Credit</u> is required for all other services at the time of visit.

#### **Immigration Paperwork Instructions**

- 1. Use <u>Black Ink</u> only
- 2. <u>Do Not Date</u> any of the pages
- 3. Complete pages 1 and 2 and print your name at the top of pages 2-14.
- 4. If you have an Interpreter they must complete pages 3 and 4 and they also must be present and have a valid Government issued Identification (Passport, Driver's License, State ID card).
- 5. If someone other than yourself is completing your form then they must complete pages 1 through 4 and be present with a current form of Identification. They must also print your name at the top of pages 2-14.
- 6. There can be no mistakes of any kind on this paperwork. If you have to correct anything that you have written you must print another page to replace the page that has the mistake.

### Washington Travel Immunizations

650 Pennsylvania Avenue S.E. Suite 480, Washington, DC 20003 Ph. (202)546-0062 1400 Mercantile Lane Suite 200, Largo, MD 20774 Ph. (301)773-4100

### **PATIENT INFORMATION**

	Home Phone ()		
Last	First	MI	·
Social Security/	HIC/Patient ID#		
Address		A	
City	State	Zip c	ode
Email Address_			
Sex M F Birthdate			
Married Separat	ed Divorced Partnered foryears	Single Widowed	Minor (please circle)
Ethnicity			
Preferred Langi	uage	•	

# Washington Travel Immunization Center

650 Pennsylvania Avenue S.E. Suite 480 Washington, Dc 20003 Ph. 202 546-0062 1400 Mercantile Lane Suite 200 Largo MD, 20774 Ph. 301 773-4100

## Financial Agreement

l,	understand that the above named business
( please print name)	
(WTIC) does not accept insurance a	assignment for services provided. Payment in full is accepted at the
time of service only, In the form o	f cash or credit card.
send to my insurance company. O	these services. A receipt will be provided to me at my request to ccasionally the insurance company will send the check to WTIC. in 30 days of the receipt of such payment. Under no circumstances the insurance allowance.
I agree to these terms.	
( signature )	( name of patient other than self )
( witness )	( date )

# PRIVACY PRACTICES ACKNOWLEDGEMENT

#### **ACKNOWLEDGEMENT FORM**

I have received the Notice of Privacy it.	Policies and I have been provided an opportunity to review
Name:	Birth date:
Signature:	Date:
certified and licensed medical p	Assistants. Physician Assistants are qualified, practitioners that function in the same capacity as a n of a licensed Physician. You may be seen by the and emergency office visits.
Signature	

### Review of Systems

Please circle the positive responses.

General- fever, night sweats, weight loss, tired, weakness
Head - headaches, head injury, dizziness
Eyes- vision problems, eye pain, eye discharge
Ears - ear ache, ear discharge, hearing problem
Nose- nasal congestion, mucus, discharge, pain, sinus pain
Throat - sore throat, drainage in throat, swelling in neck
Lungs - cough, phlegm, blood in mucus, hard to breathe
Heart - chest pain or tightness, heart problems, high blood
pressure, heart attack, high cholesterol
Abdomen - diarrhea, stomach pain, blood in stool, parasites
Skin - rash, sores, bruises, lesions
Psychiatric - moody, depressed, suicidal thoughts, violent
behavior, self injury, drug use, alcohol use

Tuberculosis – Have you ever had: a positive skin test? Treatment for TB? BCG vaccine? Chest xray? Contact with someone who has TB?

Vaccinations- You must bring any vaccine records from your doctor with you at time of the visit. Have you ever had chicken pox? Measles? Mumps? Hepatitis? Pneumonia? Any other communicable illnesses? STDs?



### Report of Medical Examination and Vaccination Record

**Department of Homeland Security** 

U.S. Citizenship and Immigration Services

USCIS Form I-693 OMB No. 1615-0033 Expires 07/31/2022

## ► START HERE - Type or print in black ink.

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Phy	ysical Address						
Stre	eet Number and Name				Apt. Ste	. Flr. N	Number
City	y or Town				State		ZIP Code
Oth	ner Information				J I		(USPS ZIP Code Lo
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	Male Female				<u>~</u>		
D.	Country of Birth	F	Ē.	Alien Regis	tration Nu	mber (A	-Number) (if any)
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F.	USCIS Online Account Number (if any)			<u> </u>		1 1	
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Form I-693 07/15/19 Page 2 of 14

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Item Number 1., and I have read to this applicant in the identified language every question and instruction on the answer to every question. The applicant informed me that he or she understands every instruction, question, arm, including the Applicant's Certification, and has verified the accuracy of every answer.  Interpreter's Signature  Interpreter's Signature  Date of Signature  Date of Signature Than the Applicant  Date of Signature of the Person Preparing this Applicant the following information about the preparer.	
Item Number 1., and I have read to this applicant in the identified language every question and instruction on the answer to every question. The applicant informed me that he or she understands every instruction, question, arm, including the Applicant's Certification, and has verified the accuracy of every answer.  Interpreter's Signature  Interpreter's Signature  Date of Signature  Art 4. Contact Information, Declaration, and Signature of the Person Preparing this Apther Than the Applicant  ovide the following information about the preparer.	
Item Number 1., and I have read to this applicant in the identified language every question and instruction on the answer to every question. The applicant informed me that he or she understands every instruction, question, are m, including the Applicant's Certification, and has verified the accuracy of every answer.  Interpreter's Signature  Interpreter's Signature  Date of Signature  Part 4. Contact Information, Declaration, and Signature of the Person Preparing this Apther Than the Applicant  ovide the following information about the preparer.	
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Preparer's Family Name (Last Name)  Preparer's Given Name (First Name)	
Preparer's Business or Organization Name (if any)	
repeated a Dustriess of Organization Name (if any)	

	ramily Name (Last Name)	Given Name (First Name)	Middle Name	A-Number (if any)		
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=						
Pa	art 4. Contact Information	, Declaration, and Signa	ture of the Person P	reparing this Applicati	ion, if	
<u>O</u>	ther Than the Applicant (co	ontinued)				
Pi	eparer's Mailing Address					
3.	Street Number and Name	POS cuentes o la selon e penetto eje Pej		Ant Sta Elm Namel an		
	Substitution and I tallo			Apt. Ste. Flr. Number		
	City or Town			State ZIP Code		
	Province	Postal Code	Country			
Pi	eparer's Contact Informatio					
1.	Preparer's Daytime Telephone No	er beeld die troesen held die zeerstaard gebruik held teind teel op gesker	5. Preparer's Mobile	Telephone Number (if any)		
			1 Topardi S Woolie	receptione (various (it any)		
6.	Preparer's Email Address (if any)					
$P_{\nu}$	eparer's Statement				e Billeda estada .	
	A. I am not an attorney or a the applicant's consent.	accredited representative but ha	ave prepared this applicat	on on behalf of the applicant	and with	
		edited representative and my re	epresentation of the applic	ant in this case		
	extends does	not extend beyond the prepara	ation of this application.			
ON IdA	TE: If you are an attorney or accrearance as Attorney or Accredited	edited representative, you may	y need to submit a comple	ted Form G-28, Notice of En	try of	
	The second secon	Representative, with this app	oicanon. Huganischer Wie der Bend	esa Maretesa (h. 1887) 1888 (h. 1884) 1888 (h. 1887) 1888 - Maretesa (h. 1887) 1888 (h. 1888) 1888 (h. 1887) 1888 (h. 1887) 1888 (h. 1887) 1888 (h. 1887) 1888 (h.		
	eparer's Certification					
3y evi	my signature, I certify, under pena ewed this completed application a	Ity of perjury, that I prepared to	this application at the requ	est of the applicant. The app	licant then	
VIII	i, his or her application, including	the Applicant's Certification	ι, and that all of this infon	nation is complete, true, and	correct. I	
	pleted this application based only	on information that the applic	ant provided to me or aut	norized me to obtain or use.		
Pr	eparer's Signature					
<b>:</b> .	Preparer's Signature			Date of Signature (m	m/dd/yyyy)	
	Parts	s 5 10. of this form must be	completed by the civil s	urgoon		
Pa	rt 5. Applicant's Identifica	tion Information (To be	e completed by the ci	vil surgeon) (continued)		
lea	ase complete the following about the	ne applicant:				
•	Form of identification presented b	y applicant (for example, pass	sport or driver's license)			
	Document Identification Number					

Page 4 of 14

Family Name (Last Name)	Given Name (First Name)	Middle N	ame		-Number (if any)
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			· · · · · · · · · · · · · · · · · · ·		
rt 6. Summary of Medica	<b>l Examination</b> (To be co	mpleted by th	e civil surge	on)	
Summary of Overall Findings:			- Alexa Med This is you are given in 1911	<u> &lt;) 212325</u>	properties and an Hearth Legis Full of the
A. No Class A or Class B C					
	e Item Numbers 1 4. in Par	t 8 Civil Surge	n Workshoot)	ı	
	e Item Numbers 1 3. in Par	=	·		
Date of First Examination (mn		to. Civil Suige	on worksheet)	,	
Dates of Follow-up Examination	ons, if required:				
Date of Examination (mm/dd/y	· -	(mm/dd/yyyy)	Date of Exan	ination	(mm/dd/yyyy)
					(22222 222)
rt 7. Civil Surgeon's Cont	act Information, Certifi	cation, and S	ignature		
TE: Do not sign Form I-693 and				d follow	un requirements or
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Family Name (Last Name)	Given Name (First Name)	Middle Name	A-Number (if any)		
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### Part 7. Civil Surgeon's Contact Information, Certification, and Signature (continued)

#### Civil Surgeon's Certification

### I certify under penalty of perjury under United States law that:

I am a civil surgeon designated to examine applicants seeking certain immigration benefits in the United States OR a physician who qualifies under a blanket designation specified by policy or law;

I have a currently valid and unrestricted license to practice medicine in the state where I am performing immigration-related medical examinations, unless otherwise exempted;

I have not had my license to practice medicine revoked, and I am not subject to any restrictions on any license to practice medicine in any other jurisdiction in the United States in which I conduct immigration-related medical examinations.

I performed an examination of the person identified in Part 1. of this Form I-693, after having made every reasonable effort to verify that the person whom I examined is in fact the person identified in Part 1.;

I performed the examination in accordance with the Centers for Disease Control and Prevention's (CDC) *Technical Instructions*, as well as all supplemental information or updates; and

All the information I provided on this Form I-693 is complete, true, and correct, based on the information provided to me by the applicant.

Civil Surgeon's Signature  Civil Surgeon's Signature	Date of Signature (mm/dd/yyyy
Health departments and military treatment facilities M	UST place their official stamp or seal here)
(official stamp	or seal here)

Family Name (Last Name)	Given Name (First Name)	Middle Name	A-Number (if any)
			► A-
8. Civil Surgeon Work	theet		
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chnical-instructions-civil-su	rgeons.html)	ardenons at www.cuc.ş	gov/immigranci elugeenealch/exams/ti/
ommunicable Disease of Pub	lic Health Significance		
Tuberculosis (TB): An init age and older; for children us evaluation if needed (chest X	nder 2 years of age, see the Techn	mma release assay (IGI ical Instructions. The o	RA), is required for all applicants 2 years o civil surgeon will perform further
(1) Interferon Gamma Ret the CDC's website):	lease Assay (for acceptable IGR	As, consult the <i>Techni</i>	cal Instructions and any updates posted or
Not administered (	IGRA exception; please explain i	n Remarks section bel	ow)
Select only one bo	к.		
QuantiFERON	·	T-Spot	
Date Blood Sa	mple Drawn (mm/dd/yyyy)	Date Blood Sa	mple Drawn (mm/dd/yyyy)
Result: N	legative (no chest X-ray required	)	
P	ositive (chest X-ray required)		
	ndeterminate (including borderlin	- ' '	: X-ray required)
	Result and Chest X-Ray Determ		
	uired (medically cleared for TB)		
TTO AND	ed due to initial screening test res		
<b></b>	ed due to TB signs or symptoms,		
Chest X-ray require	ed due to IGRA exception (Clear	ly specify the IGRA ex	sception in the Remarks section below.)
(3) Chest X-Ray: Require or symptoms or immun	d based on IGRA result, or if speosuppression (such as HIV).	cific IGRA exceptions	apply, or for an applicant with TB signs
Date Chest X-Ray Take	n (mm/dd/yyyy) Date	e Chest X-Ray Read (n	nm/dd/yyyy)
Result: Normal	Abnormal (describe results	in Remarks section bel	ow.)
TB Classification/Findi	ngs (Select only if chest X-ray w	as performed):	
No Class A or Clas	s B TB	ass B1 Extra Pulmonai	ту ТВ
Class A Pulmonary		ass B, Latent TB Infec	tion
Class B2 Pulmonar	, <u> </u>	ass B1 Pulmonary TB	
Class B, Other Che	st Condition (non-TB)	ass B0 Pulmonary TB	
(4) Remarks: (Include any changes. If you did not	v signs or symptoms of TB, addit perform IGRA, give the reason v	ional tests and therapy why an exception appli	given, with start and stop dates and any es.)
CONTRACTOR CONTRACTOR			

Family Name (Last Name)	Given Name (First Name)	Middle Name		A-Number (if an	y)
			► A-	100 CO	a management
		, de la companya de			
Part 8. Civil Surgeon Works	heet (continued)				
B. Syphilis					
(1) Serologic Test for Syphi	lis (Required for applicants 15	years of age and older)			
(a) Name of Screening	Test				
(b) Date Screening Run	(mm/dd/yyyy)				
(c) Screening Nonr	eactive (mm/dd/yyyy)		]		
Screening Read	tive, Titer 1:			**************************************	
(d) If Reactive, Name of	f Confirmatory Test				
(e) Date Confirmation	Run (mm/dd/yyyy)				
(f) Confirmation N	onreactive Confirmati	on Reactive	, <u></u>		
(2) Findings:		<u> </u>			
☐ No Class A or Class	B Syphilis Syphilis, C	lass A (untreated)	Syphilis, C	Class B (treated in	the last year)
(3) Remarks: (Include any	therapy given with doses and	dates)			
Drug:		Dosage:			and the second s
Start Date (mm/dd/yyyy	)	End Date (mm/dd	l/yyyy)		
C. Gonorrhea					
(1) Laboratory Test for Gon	orrhea (Required for applicant	s 15 years of age and olde	r)		
(a) Screening Test Nam	e				
(b) Date Specimen Rep	orted (mm/dd/yyyy)				
(c) Positive	Negative				
(2) Findings:					
☐ No Class A or Class	B Gonorrhea Gonorrhea	a, Class A (untreated)			
Gonorrhea, Class B	(treated in the last year)				
(3) Remarks: (Include any	treatment given with doses and	l dates)			
Drug:					
-		Dosage:			
Start Date (mm/dd/yyyy)	)	End Date (mm/dd	/уууу)		

Part 8. Civil Surgeon Worksheet (continued)  D. Other Class A/Class B Condition  (a) No Class A/B Condition  (b) Hansen's Disease (leprosy, any classification) untreated, Class A later indeterminate, tuberculoid, borderline tuberculoid (paucibacillary)    Mid-borderline, borderline lepromatous, lepromatous (multibacillary)   Mid-borderline, borderline lepromatous, lepromatous (multibacillary)   Mid-borderline, borderline tuberculoid (paucibacillary)   Mid-borderline, borderline tuberculoid (paucibacillary)   Mid-borderline, borderline tuberculoid (paucibacillary)   Mid-borderline, borderline tuberculoid (paucibacillary)   Mid-borderline, borderline tuberculoid (paucibacillary)  (2) Remarks: (Include any therapy given and any counseling or referrals) If you need extra space to complete this section use the space provided in Part 11. Additional Information.  Physical or Mental Disorders With Associated Harmful Behavior Include here any physical or mental disorders with current associated harmful behavior or bistory of associated harmful behavior judged likely to recur. This category of physical or mental disorders and suppose 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 exampliagnosis) of an alcohol-related disorder). Diagnose mental disorders according to the disponsation cinteria in ment recent edition of the Diagnostic and Statistical Manual (DSM) or another authoritative source, as determined by the director of the CDC. Diagnose physical disorders 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 another authoritative source as determined by the director of the CDC. See the CDC's Technical Instructions for more information.  A. Findings:  (1) No Class A or B Physical/Mental Disorder with Associated Harmful Behavior, Class B  (3) History of Physical/Mental Disorder with Associated Ha	Family Name (Last N	ame) Given Name (First Name)	Middle Name	A-Number (if any					
D. Other Class A/Class B Conditions for Communicable Diseases of Public Health Significance  (1) Findings:  (a) No Class A/B Condition  (b) Hansen's Disease (leprosy, any classification) untreated, Class A    Indeterminate, tuberculoid, borderline tuberculoid (paucibacillary)    Mid-borderline, borderline lepromatous, lepromatous (multibacillary)  (c) Hansen's Disease (leprosy, any classification) treated or partially treated, Class B    Indeterminate, tuberculoid, borderline tuberculoid (paucibacillary)    Mid-borderline, borderline lepromatous, lepromatous (multibacillary)    Mid-borderline, borderline lepromatous, lepromatous (multibacillary)  (2) Remarks: (Include any therapy given and any counseling or referrals) If you need extra space to complete this section use the space provided in Part 11. Additional Information.    Physical or Mental Disorders With Associated Harmful Behavior  Include here any physical or mental disorders with current associated harmful behavior or history of associated harmful behavior any substance that is not listed in Schedule I, II, III, Vr, or V of section 202 of the Controlled Substances Act (for examy diagnosis of an alcohol-related disorder). Diagnose mental disorders 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 another authoritative source, as determined by the director of the CDC. See the CDC's Technical Instructions for more information.  A. Findings:  (1) No Class A or B Physical or Mental Disorder with Associated Harmful Behavior, Class A  (3) History of Physical/Mental Disorder with Associated Harmful Behavior, Likely to Recur, Class B  (5) History of Physical/Mental Disorder with Associated Harmful Behavior, therapy given, and any counseling or				► A-				O CANADA	
D. Other Class A/Class B Conditions for Communicable Diseases of Public Health Significance  (1) Findings:  (a) No Class A/B Condition  (b) Hansen's Disease (leprosy, any classification) untreated, Class A    Indeterminate, tuberculoid, borderline tuberculoid (paucibacillary)   Mid-borderline, borderline lepromatous, lepromatous (multibacillary)   Remarks: (Include any therapy given and any counseling or referrals) If you need extra space to complete this section use the space provided in Part 11. Additional Information.  Physical or Mental Disorders With Associated Harmful Behavior   Include here any physical or mental disorders with current associated harmful behavior or history of associated harmful behavior any substance that is not listed in Schedule I, II, III, IV, or V of section 202 of the Controlled Substances Act (for exampling destine) of the Additional Information of an alcohol-related disorder). Diagnose mental disorders 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 another authoritative source as determined by the director of the CDC. See the CDC's Technical Instructions for more information.  A. Findings:  (1) No Class A or B Physical or Mental Disorder  (2) Current Physical/Mental Disorder with Associated Harmful Behavior, Class B  (5) History of Physical/Mental Disorder with Associated Harmful Behavior, therapy given, and any counseling or									
(1) Findings:  (a) No Class A/B Condition  (b) Hansen's Disease (leprosy, any classification) untreated, Class A    Indeterminate, tuberculoid, borderline tuberculoid (paucibacillary)   Mid-borderline, borderline lepromatous, lepromatous (multibacillary)   Mid-borderline, borderline lepromatous, lepromatous (multibacillary)  (2) Remarks: (Include any therapy given and any counseling or referrals) If you need extra space to complete this section use the space provided in Part 11. Additional Information.  Physical or Mental Disorders With Associated Harmful Behavior  Include here any physical or mental disorders with current associated harmful behavior or history of associated harmful behavior judged likely to recur. This category of physical or mental disorders includes any diagnosis of substance-related 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-related disorder). Diagnose mental disorders according to the diagnostic criteria in the most recent edition of the Diognosis and Statistical Manual (DSM) or another authoritative source, as determined by the director of the CDC. See the CDC's Technical Instructions for more information.  A. Findings:  (1) No Class A or B Physical or Mental Disorder  (2) Current Physical/Mental Disorder with Associated Harmful Behavior, Class A  (3) History of Physical/Mental Disorder with Associated Harmful Behavior, Class B  (5) History of Physical/Mental Disorder with Associated Harmful Behavior, therapy given, and any counseling or	art 8. Civil Surgeon	Worksheet (continued)					(Exist)		
(a) No Class A/B Condition  (b) Hansen's Disease (leprosy, any classification) untreated, Class A    Indeterminate, tuberculoid, borderline tuberculoid (paucibacillary)   Mid-borderline, borderline lepromatous, lepromatous (multibacillary)   Mid-borderline, borderline lepromatous, lepromatous (multibacillary)  (2) Remarks: (Include any therapy given and any counseling or referrals) If you need extra space to complete this section use the space provided in Part 11. Additional Information.  Physical or Mental Disorders With Associated Harmful Behavior  Include here any physical or mental disorders with current associated harmful behavior or history of associated harmful behavior judged likely to recur. This category of physical or mental disorders includes any diagnosis of substance-related 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 examy diagnosis of an alcohol-related disorder). Diagnose mental disorders according to the diagnostic criteria in the most recent edition of the Diagnose physical disorders 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 another authoritative source as determined by the director of the CDC. See the CDC's Technical Instructions for more information.  A. Findings:  (1) No Class A or B Physical or Mental Disorder with Associated Harmful Behavior, Class A  (3) History of Physical/Mental Disorder with Associated Harmful Behavior, Class B  B. Remarks: (Include diagnosis, likelihood of recurrence of the harmful behavior, therapy given, and any counseling or	D. Other Class A/Cla	ss B Conditions for Communicable I	Diseases of Public Healt	h Significai	nce				
(b) Hansen's Disease (leprosy, any classification) untreated, Class A    Indeterminate, tuberculoid, borderline tuberculoid (paucibacillary)   Mid-borderline, borderline lepromatous, lepromatous (multibacillary)   Mid-borderline, borderline lepromatous, lepromatous (multibacillary)   Indeterminate, tuberculoid, borderline tuberculoid (paucibacillary)   Mid-borderline, borderline lepromatous, lepromatous (multibacillary)   Mid-borderline, borderline lepromatous, lepromatous (multibacillary)   Mid-borderline, borderline lepromatous, lepromatous (multibacillary)   Remarks: (Include any therapy given and any counseling or referrals) If you need extra space to complete this section use the space provided in Part 11. Additional Information.    Physical or Mental Disorders With Associated Harmful Behavior   Include here any physical or mental disorders with current associated harmful behavior or history of associated harmful behavior used in substance that is not listed in Schedule 1, II, III, IV, or V of section 202 of the Controlled Substances Act (for exampliagnosis of an alcohol-related disorder). Diagnose mental disorders according to the diagnostic criteria in the most recent edition of the Diagnostic and Statistical Manual (DSM) or another authoritative source, as determined by the director of the CDC. Diagnose physical disorders 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 another authoritative source as determined by the director of the CDC. See the CDC's Technical Instructions for more information.    A. Findings:	(1) Findings:								
Indeterminate, tuberculoid, borderline tuberculoid (paucibacillary)   Mid-borderline, borderline lepromatous, lepromatous (multibacillary)   (c)	(a) No C	ass A/B Condition							
Mid-borderline, borderline lepromatous, lepromatous (multibacillary)   (c)	(b) Hanse	en's Disease (leprosy, any classification	) untreated, Class A						
(c) Hansen's Disease (leprosy, any classification) treated or partially treated, Class B    Indeterminate, tuberculoid, borderline tuberculoid (paucibacillary)   Mid-borderline, borderline lepromatous, lepromatous (multibacillary)  (2) Remarks: (Include any therapy given and any counseling or referrals) If you need extra space to complete this section use the space provided in Part 11. Additional Information.  Physical or Mental Disorders With Associated Harmful Behavior  Include here any physical or mental disorders with current associated harmful behavior or history of associated harmful behavior judged likely to recur. This category of physical or mental disorders includes any diagnosis of substance-related 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 exampliagnosis of an alcohol-related disorder). Diagnose mental disorders according to the diagnostic criteria in the most recent edition of the Diagnostic and Statistical Manual (DSM) or another authoritative source, as determined by the director of the CDC. Diagnose physical disorders 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 another authoritative source as determined by the director of the CDC. See the CDC's Technical Instructions for more information.  A. Findings:  (1) No Class A or B Physical or Mental Disorder  (2) Current Physical/Mental Disorder with Associated Harmful Behavior, Class A  (3) History of Physical/Mental Disorder with Associated Harmful Behavior, Class B  (5) History of Physical/Mental Disorder with Associated Harmful Behavior, therapy given, and any counseling or	Iı	ndeterminate, tuberculoid, borderline tu	berculoid (paucibacillary	y)					
Indeterminate, tuberculoid, borderline tuberculoid (paucibacillary)  Mid-borderline, borderline lepromatous, lepromatous (multibacillary)  (2) Remarks: (Include any therapy given and any counseling or referrals) If you need extra space to complete this section use the space provided in Part 11. Additional Information.  Physical or Mental Disorders With Associated Harmful Behavior  Include here any physical or mental disorders with current associated harmful behavior or history of associated harmful behavior judged likely to recur. This category of physical or mental disorders includes any diagnosis of substance-related 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 exampliagnosis of an alcohol-related disorder). Diagnose mental disorders according to the diagnostic criteria in the most recent edition of the Diagnostic and Statistical Manual (DSM) or another authoritative source, as determined by the director of the CDC. Diagnose physical disorders 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 another authoritative source as determined by the director of the CDC. See the CDC's Technical Instructions for more information.  A. Findings:  (1) No Class A or B Physical or Mental Disorder  (2) Current Physical/Mental Disorder with Associated Harmful Behavior, Class B  (3) History of Physical/Mental Disorder with Associated Harmful Behavior, Class B  (5) History of Physical/Mental Disorder with Associated Harmful Behavior, therapy given, and any counseling or		sid-borderline, borderline lepromatous, l	epromatous (multibacilla	ury)					
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Physical or Mental Disorders With Associated Harmful Behavior  Include here any physical or mental disorders with current associated harmful behavior or history of associated harmful behavio judged likely to recur. This category of physical or mental disorders includes any diagnosis of substance-related 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 examy diagnosis of an alcohol-related disorder). Diagnose mental disorders according to the diagnostic criteria in the most recent edition of the Diagnostic and Statistical Manual (DSM) or another authoritative source, as determined by the director of the CDC. Diagnose physical disorders 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 another authoritative source as determined by the director of the CDC. See the CDC's Technical Instructions for more information.  A. Findings:  (1) No Class A or B Physical or Mental Disorder  (2) Current Physical/Mental Disorder with Associated Harmful Behavior, Class A  (3) History of Physical/Mental Disorder with Associated Harmful Behavior, Class B  (5) History of Physical/Mental Disorder with Associated Harmful Behavior Unlikely to Recur, Class B		Aid-borderline, borderline lepromatous, l	epromatous (multibacilla	ıry)					
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Include here any physical or mental disorders with current associated harmful behavior or history of associated harmful behavior judged likely to recur. This category of physical or mental disorders includes any diagnosis of substance-related 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-related disorder). Diagnose mental disorders according to the diagnostic criteria in the most recent edition of the Diagnostic and Statistical Manual (DSM) or another authoritative source, as determined by the director of the CDC. Diagnose physical disorders 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 another authoritative source as determined by the director of the CDC. See the CDC's Technical Instructions for more information.  A. Findings:  (1) No Class A or B Physical or Mental Disorder  (2) Current Physical/Mental Disorder with Associated Harmful Behavior, Class A  (3) History of Physical/Mental Disorder without Associated Harmful Behavior, Class B  (5) History of Physical/Mental Disorder with Associated Harmful Behavior, therapy given, and any counseling or	***************************************								
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<ul> <li>(1) No Class A or B Physical or Mental Disorder</li> <li>(2) Current Physical/Mental Disorder with Associated Harmful Behavior, Class A</li> <li>(3) History of Physical/Mental Disorder with Associated Harmful Behavior Likely to Recur, Class A</li> <li>(4) Current Physical/Mental Disorder without Associated Harmful Behavior, Class B</li> <li>(5) History of Physical/Mental Disorder with Associated Harmful Behavior Unlikely to Recur, Class B</li> <li>B. Remarks: (Include diagnosis, likelihood of recurrence of the harmful behavior, therapy given, and any counseling or</li> </ul>	judged likely to recur. I involve any substance the diagnosis of an alcohol- of the Diagnostic and St Diagnose physical disor Manual of the Internation	This category of physical or mental disonat is not listed in Schedule I, II, III, IV, related disorder). Diagnose mental disonatistical Manual (DSM) or another authores according to the diagnostic criteria anal Classification of Diseases, Injuries,	rders includes any diagnor V of section 202 of the rders according to the diagration to the diagratic source, as determined the most recent edition and Causes of Death (IC)	osis of substa e Controlled agnostic crit mined by the n of the Wor D) or anothe	ance- l Sub eria i e dire ld He	related stances the nation of ealth C	l disc s Ac nost the organ	orders t (for recen CDC nizatio	s that example at edition on's
<ul> <li>(2)</li></ul>	A. Findings:								
<ul> <li>(3) History of Physical/Mental Disorder with Associated Harmful Behavior Likely to Recur, Class A</li> <li>(4) Current Physical/Mental Disorder without Associated Harmful Behavior, Class B</li> <li>(5) History of Physical/Mental Disorder with Associated Harmful Behavior Unlikely to Recur, Class B</li> <li>B. Remarks: (Include diagnosis, likelihood of recurrence of the harmful behavior, therapy given, and any counseling or</li> </ul>	(1) No Class A	A or B Physical or Mental Disorder							
<ul> <li>(4)  Current Physical/Mental Disorder without Associated Harmful Behavior, Class B</li> <li>(5)  History of Physical/Mental Disorder with Associated Harmful Behavior Unlikely to Recur, Class B</li> <li>B. Remarks: (Include diagnosis, likelihood of recurrence of the harmful behavior, therapy given, and any counseling or</li> </ul>									
<ul> <li>(5) History of Physical/Mental Disorder with Associated Harmful Behavior Unlikely to Recur, Class B</li> <li>B. Remarks: (Include diagnosis, likelihood of recurrence of the harmful behavior, therapy given, and any counseling or</li> </ul>				-	ur, C	lass A			
B. Remarks: (Include diagnosis, likelihood of recurrence of the harmful behavior, therapy given, and any counseling or									
B. Remarks: (Include diagnosis, likelihood of recurrence of the harmful behavior, therapy given, and any counseling or referrals. If you need extra space to complete this section, use the space provided in Part 11. Additional Information.	(5) History of	Physical/Mental Disorder with Associa	ated Harmful Behavior U	Inlikely to R	ecur,	Class	В		
	B. Remarks: (Include diagnosis, likelihood of recurrence of the harmful behavior, therapy given,								or ion.

	ne (Last Name)	Given Name (First Name)	Middle Name		A-Numb	er (if ar	ıy)	
				► A-				4.4
			# * 1 T * * * * * * * * * * * * * * * * *					
rt 8. Civil	Surgeon Work	sheet (continued)			er france	\$157E	H14460	334
	Drug Addiction						alding gi	<u> 151</u>
The U.S. Dep	artment of Health	and Human Services (DHHS) sed at 42 CFR 34.2(h) and (i).	ets the medical guidelin	es for determ	ining dru	g abus	e and d	lrug
		rug abuse or drug addiction.						
"Drug abuse" in Schedule I,	is "current substa II, III, IV, or V o	nce use disorder or substance-inder f section 202 of the Controlled Su on of the DSM, or by another aut	ibstances Act. Make the	e diagnosis a	ccording t	o the d	iagnost	tic
"Drug addicti substances lis	on" is "current sub ted in Schedule I,	ostance use disorder or substance- II, III, IV, or V of section 202 of st current edition of the DSM.	induced disorder, mod	erate or sever	e." but o	nlv witl	respe	ct t
You may also another author	make a diagnosis ritative source as d	of full remission, according to the etermined by the director of the Cl	diagnostic criteria in the DC. See the CDC's Tec	e most curren chnical Instru	t edition o	of the D more ir	SM or	ior
A. Findings								
(1)	No Class A or B S	ubstance (Drug) Abuse/Addiction	n					
(2)								
		Addiction, Listed in section 202 o						
		Abuse in Full Remission, Listed i				ct Clas	es R	
_		Addiction in Full Remission, Lis						2
	: (Include any the	erapy given, rehabilitation, counse	eling or referrals. If vo					
section, u	se the space provi	ded in Part 11. Additional Infor	шанов.					
section, u	se the space provi	ded in Part 11. Additional Infor	mation.			•		
Other Medica	al Conditions (Lis	st any other Class B conditions, su	uch as hypertension or	diabetes, and	all requir	ed eval	uation	
Other Medica	al Conditions (Lis		uch as hypertension or	diabetes, and ns in the Uni	all requir ted States	ed eval	uation	
Other Medica components as	al Conditions (Liss found in HHS's	et any other Class B conditions, so Fechnical Instructions for Medica epartment or Other Doctor (To	uch as hypertension or all Examinations of Alie	ns in the Uni	ted States	.)		
Other Medica components as	al Conditions (Liss found in HHS's	st any other Class B conditions, su rechnical Instructions for Medica	uch as hypertension or all Examinations of Alie	ns in the Uni	ted States	.)		
Other Medica components as	al Conditions (Liss found in HHS's	et any other Class B conditions, so Fechnical Instructions for Medica epartment or Other Doctor (To	uch as hypertension or all Examinations of Alie	ns in the Uni	ted States	.)		
Other Medic: components at Required Ref A. Type or I	al Conditions (Liss found in HHS's	et any other Class B conditions, so Fechnical Instructions for Medica epartment or Other Doctor (To	uch as hypertension or all Examinations of Alie	ns in the Uni	ted States	.)		

Form I-693 07/15/19 Page 10 of 14

State

ZIP Code

City or Town

	mily Name (Last Name)	Given Name (First Name)	Middle Name	A-Number (if any)
				► A-
		and the state of t		
rt 8.	Civil Surgeon Works	sheet (continued)		
	Date of Referral (mm/dd/y			
D. J	Remarks: (Include the nam	e of medical condition and the	reasons for referral. If	you need extra space to complete this
S	section, use the space provi	ided in Part 11. Additional In	formation.	• • • • • • • • • • • • • • • • • • • •
_				
irt 9.	Referral Evaluation	(To be completed by the	health department (	or other doctor performing the
terral	evaluation)			
e appli	cant identified on this Form	I-693 was referred to me by the	ne civil surgeon named	l in Part 7. of this Form I-693. I have
vided a	appropriate evaluation/treate the person identified in Par	ment, having made every reaso	onable effort to verify t	that the person whom I have evaluated/
	uating Physician or Health			
A. r	Family Name (Last Name)	Given Nan	ne (First Name)	Middle Name
<u> </u>	T 13 5			
B. 1	Health Department 's Name			
L				
Addr				
Street	t Number and Name			Apt. Ste. Flr. Number
City o	or Town			State ZIP Code
Signa	ature of Health Departmer	nt Individual or Other Docto	r Performing Referra	al Evaluation
Signa		Date Signed (mm/dd/yyyy)		
Name	e of Medical Practice or H	ealth Denartment	,	5 Dowline T. L. L. N.
Name	e of Medical Practice or H	ealth Department		5. Daytime Telephone Number

Family Name (Last Name)	Given Name (First Name)	ven Name (First Name) Middle Name			A-Number (if any)						
			► A-								

### Part 10. Vaccination Record

NOTE: See Technical Instructions at

 $\underline{www.cdc.gov/immigrantrefugee health/exams/ti/civil/vaccination-civil-technical-instructions.html} \ for \ list \ of \ required \ vaccines.$ 

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 I 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.

Vaccine History Transferred From A Written Record				Vaccine Given	Complete Series	Blanket Waivers to be Requested from USCIS (Not Medically Appropriate)					
Vaccine	Date Received (mm/dd/yyyy)	Date Received (mm/dd/yyyy)	Date Received (mm/dd/yyyy)	Date Received (mm/dd/yyyy)	Date Given by Civil Surgeon (mm/dd/yyyy)	Mark an X if complete; write date of lab test if immune or "VH" if varicella history		Contra- indication	Insufficient Time Interval	Not Flu Seasor	
Specify Vaccine:  DT DTaP  DTP											
Specify Vaccine:											
Specify Vaccine:											
MMR (measles, mumps-rubella) or if monovalent or other combination of the vaccines are given, specify vaccines											
Hib											
Hepatitis B									- I		
Varicella											
Pneumococcal											
Influenza											
Rotavirus											
Hepatitis A											
Meningococcal											

NOTE: Give a copy to the applicant.

Family Name (Last Name)	Given Name (First Name)	Middle Name			A-N	Juml	ber (if	any)	 
			► A	<b>\-</b>	- straight -			A CONTRACTOR	

Part 10. Vaccination Record (continued)						
Results:	FOR USCIS USE ONLY					
☐ Applicant may be eligible for blanket waivers as indicated above	Remarks (if any)					
Applicant will request an individual waiver based on religious or moral convictions						
☐ Vaccine history complete for each vaccine, all requirements met						
Applicant does not meet immunization requirements						
Remarks: (If needed, provide any comments, such as the reason for contraindication.)						
	Action and the second s					

I	41 L J	11. Additional Information		
lf'y wit	/ou (1 :h thi	the applicant or civil surgeon) need more s form or attach a separate sheet of paper,	ctra space to provide any additional informat space than what is provided, you may make Type or print the applicant's name and A-N tem Number to which your answer refers; a	copies of this page to complete and file
		nily Name (Last Name)	Given Name (First Name)	Middle Name
2.	A-1	Number (if any) ► A-		
3.	A. D.	Page Number  B. Part Number	C. Item Number	
4.		Page Number B. Part Number	C. Item Number	
	D.			
5.	A. D.	Page Number B. Part Number	C. Item Number	
5.	A. D.	Page Number B. Part Number	C. Item Number	