

Instructions for 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 07/31/2025

What Is the Purpose of Form I-693?

Form I-693 reports results of a 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 public health grounds. You can find a list of those health-related grounds in section 212(a)(1) of the Immigration and Nationality Act (INA). The list is also available in these Instructions in the **Frequently Asked Questions** section, **Item Number 9**. [See detailed FAQs & Download I-693 form on our website siliconvalleymedicalclinic.com](http://siliconvalleymedicalclinic.com)

The results of your 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 or V nonimmigrant visa holder, before reading any further, see section entitled Frequently Asked Questions, **Item Numbers 2. - 5.**, of these Instructions.

[Download I-693 latest fillable form at our website at siliconvalleymedicalclinic.com. Use Adobe Reader only to Fill page 1 & 2 of. It will auto fill your name and A-number from first page to other pages. Print Form with no scaling or fit to paper.](http://siliconvalleymedicalclinic.com)

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 those applicants who are now required to receive the COVID-19 vaccine, you must complete the COVID-19 vaccine series (for example, 2 doses of Pfizer-BioNTech or Moderna or 1 dose of Janssen COVID-19) and provide documentation of vaccination to the civil surgeon.

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. Please see our website at USCISclinic.com The Form I-693 must be dated no earlier than 60 days before you filed your underlying application. A properly and timely completed 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 on Form I-485, Application to Register for Permanent Residence or Adjust Status.

B. For all other applicants: Follow the application’s instructions, follow the instructions that the office requesting the medical examination gave you, or visit the USCIS Contact Center at 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 (deaf or hard of hearing) 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.

TIPS for filling and printing I-693 form:

You can download form from siliconvalleymedicalclinic.com. Fill the I-693 form using Capital letters with a ball point pen in BLACK ink. You can also fill using Adobe Reader. It will auto populate your name and A-number on each page. Print form without any scaling or fit to paper. You printed form should have your name on top of each page and bar code on each page.

General Instructions

USCIS provides forms free of charge through our website. In order 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 order USCIS forms by calling the USCIS Contact Center at **1-800-375-5283**. The USCIS Contact Center provides information in English and Spanish. For TTY (deaf or hard of hearing) call: **1-800-767-1833**.

Signature. Each Form I-693 must be properly signed and filed. In general, 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.

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?*, subsection “**Military physicians performing the medical examination for members and veterans of the U.S. Armed Forces or U.S. Coast Guard and certain eligible dependents**”.)

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

Evidence. At the time of filing, you must submit all evidence and supporting documentation 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, petition, or request. 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 upon receipt.**

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, should contain the translator’s printed name and the date, and it may also contain the translator’s contact information.

How To Fill Out Form I-693

- Type or print legibly in black ink.**
- 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 the applicant's 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.
- 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 Number 1. Your Full Name. Use your legal name, which is the name that appears on your birth certificate, unless it was changed after birth by a legal action such as marriage or a court order. If you do not have and cannot obtain your birth certificate, use your full legal name as it appears on government issued identity documents such as a passport, refugee travel document, or similar official record. Do not provide a nickname. If you have two last names, include both and use a hyphen (-) between the names, if appropriate.

Item Number 2. Physical Address. Provide your physical street address. This must include a street number and name or a rural route number. Do not provide a post office box (PO Box) number here.

Item Number 3.A. Gender. Select the box that indicates whether you are male or female.

Item Number 3.B. Date of Birth. Use eight numbers to show your date of birth in mm/dd/yyyy format (for example, type or print May 1, 1979 as 05/01/1979).

Item Number 3.C. City/Town/Village of Birth. Provide the name of the city, town, or village where you were born.

Item Number 3.D. Country of Birth. Provide the name of the country where you were born.

Item Number 3.E. Alien Registration Number (A-Number) (if any). This is your alien registration file number. If you are not sure if you have one, look at any letters or notices that you have received from the Department of Homeland Security (DHS). Look for a number that begins with a letter "A" followed by 8 or 9 digits (for example: A 000 000 000). If you do not have one, or if you cannot remember what it is, leave this space blank.

Item Number 3.F. USCIS Online Account Number (if any). If you have previously filed an application, petition, or request using the USCIS online filing system (previously called USCIS Electronic Immigration System (USCIS ELIS)), provide the USCIS Online Account Number you were issued by the system. You can find your USCIS Online Account Number by logging in to your account and going to the profile page. If you previously filed certain applications, petitions, or requests on a paper form via a USCIS Lockbox facility, you may have received a USCIS Online Account Access Notice issuing you a USCIS Online Account Number. If you received such a notice, your USCIS Online Account Number can be found at the top of the notice. If you were issued a USCIS Online Account Number, enter it in the space provided. The USCIS Online Account Number is not the same as an A-Number.

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

Item Numbers 1. - 6. Select the appropriate box to indicate that you either read this application yourself or whether you had an interpreter assist you. If someone assisted you in completing the application, select the box indicating that you used a preparer. Further, you must sign and date your Form I-693 in front of the civil surgeon, and provide your daytime telephone number, mobile telephone number (if any), and email address (if any). Every Form I-693 **MUST** contain the signature of the applicant (or parent or legal guardian, if applicable). A stamped or typewritten name in place of a signature is not acceptable.

Note Regarding Applicant's Signature: The civil surgeon must witness you signing Form I-693. The civil surgeon will type or print the form of applicant identification document presented, and the identification number from your identification document.

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

Item Numbers 1. - 7. 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 Form I-693. A stamped or typewritten name in place of a signature is not acceptable.

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

Item Numbers 1. - 8. This section must contain the signature of the person who completed your application, if other than you, the applicant. If the same individual acted as your interpreter **and** your preparer, that person should complete both **Part 3.** and **Part 4.** If the person who completed this application is associated with a business or organization, that person should complete the business or organization name and address information. Anyone who helped you complete this application **MUST** sign and date the application. A stamped or typewritten name in place of a signature is not acceptable. If the person who helped you prepare your application is an attorney or accredited representative, he or she may also need to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, along with your application.

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

A copy of completed I-693 will be provided for applicants records by USCIS Civil Surgeon Dr. Shivani Chawla Mehta

Shivani Chawla Mehta, MD

Website: www.siliconvalleymedicalclinic.com Tel: 408-945-0300

Milpitas: 1113 S Park Victoria Dr, Milpitas, CA 95035