



# 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 03/31/2022

▶ **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 Name

Family Name (Last Name)

Given Name (First Name)

Middle Name

### 2. Physical Address

Street Number and Name

Apt. Ste. Flr. Number

  

City or Town

State

ZIP Code

[\(USPS ZIP Code Lookup\)](#)

### 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)

▶

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

**NOTE:** Read the **Penalties** section of the Form I-693 Instructions before completing this section. You must submit Form I-693 in a sealed envelope to USCIS as directed in the Form I-693 Instructions.

### Applicant's Statement

**NOTE:** Select the box for either **Item A.** or **B.** in **Item Number 1.** If applicable, select the box for **Item Number 2.**

#### 1. Applicant's Statement Regarding the Interpreter

A.  I can read and understand English, and I have read and understand every question and instruction on this form and my answer to every question.

B.  The interpreter named in **Part 3.** read to me every question and instruction on this form and my answer to every question in , a language in which I am fluent, and I understood everything.

#### 2. Applicant's Statement Regarding the Preparer

At my request, the preparer named in **Part 4.**, , prepared this application for me based only upon information I provided or authorized.