



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

▶ **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

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.

