



# U.S. Citizenship and Immigration Services

# Form I-693, Report of Medical Examination and Vaccination Record

*CDC Technical Instructions: What Civil Surgeons in California Need to Know*

*September 15, 2022*

USCIS Office of Policy and Strategy



U.S. Citizenship  
and Immigration  
Services

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- Date of last revision: 09/07/2022
- This presentation is valid only as of the date of the last revision
- This presentation contains no sensitive Personally Identifiable Information (PII)
- Any references in documents or text, with the exception of case law, relate to fictitious individuals



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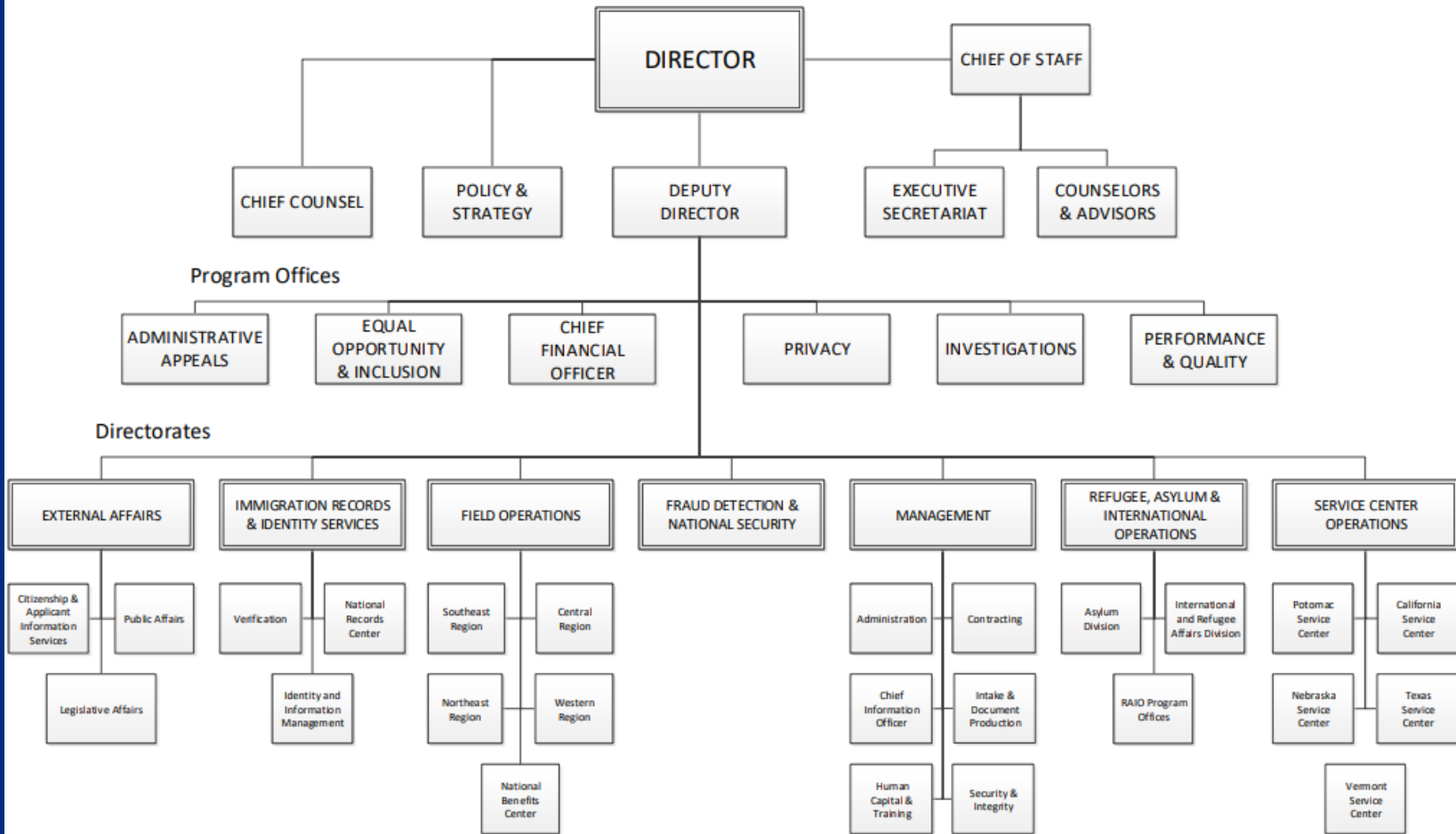
- U.S. Citizenship and Immigration Services (USCIS)
- Department of Homeland Security (DHS)
  - March 1, 2003
  - Homeland Security Act of 2002



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# ■ The Office of Policy and Strategy (OP&S)

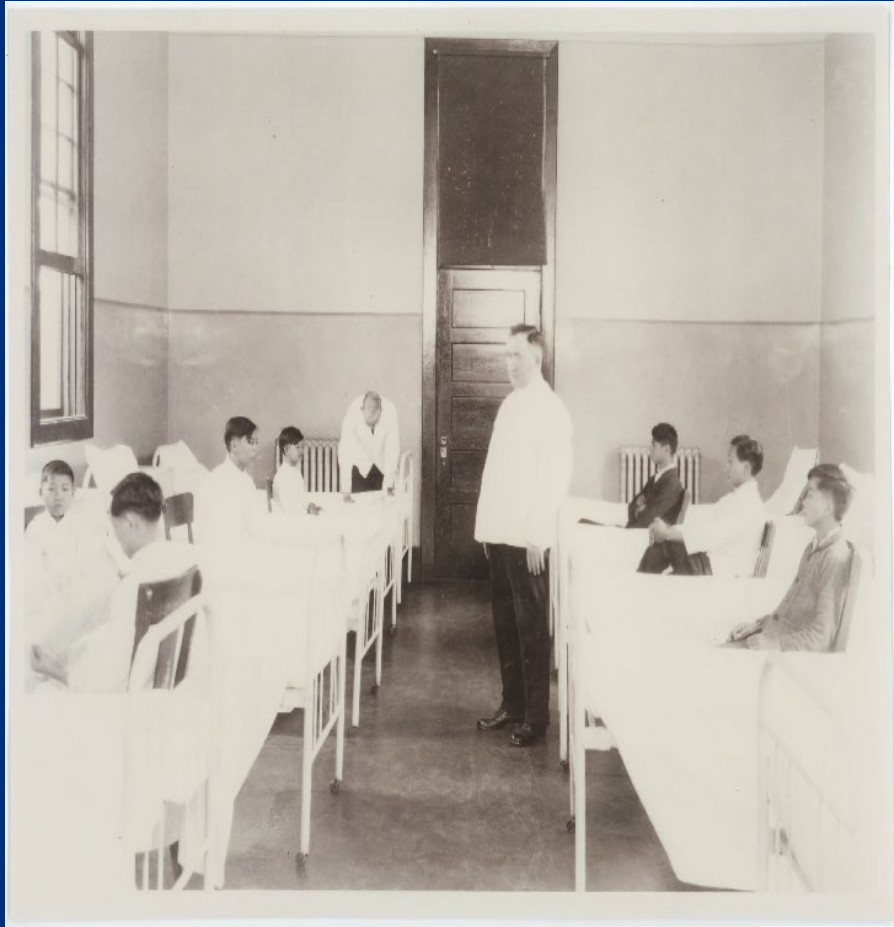
- USCIS Headquarters – Camp Springs, MD
  - Serves as principal policy advisor for USCIS
  - Performs research and analysis on immigration issues and program evaluations
  - Manages the USCIS Policy Manual
  - Oversees the regulatory development process





- The federal government assumed direct control of inspecting, admitting, rejecting and processing all immigrants seeking admission to the United States with the Immigration Act of 1891 <sup>[1]</sup>
- On Jan. 2, 1892, the Immigration Service opened Ellis Island in New York Harbor, an immigration station that operated until 1954.





- Public health concerns have been reflected in U.S. immigration law since the Immigration Act of 1882<sup>[2]</sup>
- The term “civil surgeon” was first introduced in the Immigration Act of 1891<sup>[3]</sup>

Two male medical personnel with men and boys in hospital ward, Angel Island Immigration Station, San Francisco, CA

*USCIS History Office and Library Collection*

- The Immigration and Nationality Act (INA) of 1952, as amended by the Homeland Security Act of 2002,<sup>[4]</sup> authorizes the Secretary of Homeland Security to designate civil surgeons if medical officers of the U.S. Public Health Service (USPHS) are not available. USCIS exercises the authority to designate civil surgeons on the Secretary's behalf, and may designate as many or as few civil surgeons as needed.<sup>[5]</sup> Since USPHS medical officers are rarely available today, civil surgeons generally provide all immigration medical examinations required in the United States
- In 1990, Congress revised and consolidated all of the grounds of inadmissibility. It narrowed health-related grounds of inadmissibility to include only noncitizens with communicable diseases, physical or mental disorders with associated harmful behavior, or those with drug abuse or addiction problems<sup>[6]</sup>
- As of 1996, Congress requires all immigrant visa and adjustment of status applicants to establish that they have been vaccinated against certain vaccine-preventable diseases<sup>[7]</sup>



# U.S. Citizenship and Immigration Services

- Determines whether the applicant is admissible on health-related and other grounds (using Form I-693, Report of Medical Examination and Vaccination Record to examine the health-related grounds)
- Adjudicates the underlying application for adjustment of status to LPR Form I-485, Application to Register Permanent Residence or Adjust Status
- Adjudicates the Form I-910, Application for Civil Surgeon Designation
  - Approves, Denies and Revokes or Terminates Civil Surgeon Designation Status



# The Centers for Disease Control and Prevention

- Promulgate regulations under 42 CFR Part 34
- Prescribe the immigration medical exam requirements in the Technical Instructions (TIs)
- Advise USCIS during the adjudication of waiver requests for immigrants
- Respond to questions regarding the TIs



# Health Departments

- Administer TB control programs
- Administer other health-related programs for certain populations, such as refugees or asylees who are eligible for HHS benefits (separate from USCIS immigration procedures)

*\*USCIS may confer blanket civil surgeon designations for health department physicians for the purposes of completing the vaccination portion of Form I-693 for refugees adjusting status*



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# USCIS Designated Civil Surgeons

- Follow CDC's Technical Instructions (including updates)
- Truthfully and accurately report medical examination results on Form I-693, Report of Medical Examination and Vaccination Record
- Notify USCIS of any revocation or restriction of medical license



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# Adjustment of Status Applicants

- Follow instructions to complete applicant's portion of form
- Bring records/vaccinations to appointment
- File for adjustment of status on Form I-485, Application to Register Permanent Residence or Adjust Status
- Submit completed Form I-693 (in sealed envelope) to USCIS, following the instructions



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# Francois Dubois

- French citizen, visiting daughter in Virginia
- Although French citizens can visit for 90 days or less for tourism or business purposes, Francois applies for a B1/B2 visa at the U.S. Embassy in Paris because he hasn't seen his daughter in a very long time, and wants to stay for 5 months
- Francois is enjoying his visit very much when he gets word from home that his son in France has gotten a new job and must leave quickly to live overseas
- Francois has no other living family in France and does not feel comfortable returning to France to live alone as he is getting older
  - Francois' authorized stay ends in a couple of months



# Lawful Permanent Residence - Applicants permitted to reside permanently in the United States as an LPR based on:

- Employment sponsorship
- Humanitarian reasons
- Diversity (Lottery)
- Family relationship



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# Admissibility

- Inadmissibility: acts, conditions, and conduct specified in Immigration and Nationality Act (INA) section 212(a) that bar individuals from obtaining a visa and entering the United States, or obtaining adjustment of status, such as:
  - Criminal, national security, or terrorist grounds
  - Previous immigration violations
  - **Health-related grounds**



# Health-Related Grounds of Inadmissibility

INA 212(a)(1)(A) specifies medical conditions that render an applicant inadmissible on health-related grounds:

- Communicable diseases of public health significance
- Failure to show proof of required vaccinations
- Physical or mental disorder with associated harmful behavior
- Substance abuse or addiction as set forth in HHS regulations



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U. S. Department of State  
**REPORT OF MEDICAL EXAMINATION  
BY PANEL PHYSICIAN**

OMB No. 1405-0113  
EXPIRATION DATE: XXX/XX/XXXX  
ESTIMATED BURDEN: 10 minutes  
(See Page 2 - Back of Form)

Photo

Surnames		Given Names		Birth Date (mm-dd-yyyy)	Sex <input type="checkbox"/> M <input type="checkbox"/> F
U.S. Consulate/Embassy	Document Type	Document Number	Case or Alien Number		

Birthplace (City, Country)	Present Country of Residence	Prior Country of Residence
----------------------------	------------------------------	----------------------------

Present Address of Residence	Present City of Residence	Present Postal Code of Residence
------------------------------	---------------------------	----------------------------------

Intended US Address	Intended US City
---------------------	------------------

Intended US State	Intended US Postal Code	Country of Nationality
-------------------	-------------------------	------------------------

Phone Number	E-mail Address
--------------	----------------

Date of Medical Exam (Date of physical exam or date of final TB culture results, if cultures performed) (mm-dd-yyyy)

Date Exam Expires (3 months if Class B0 or B1 TB, otherwise 6 months) (mm-dd-yyyy)

Exam Place of Current Exam (City, Country)	Date of Prior Exam, if any (mm-dd-yyyy)
--	---

Panel Physician Performing Exam	Panel Site	Radiology Facility
---------------------------------	------------	--------------------

Sputum Collection Site	Sputum Smear and Culture Laboratory	Syphilis Laboratory
------------------------	-------------------------------------	---------------------

Drug Susceptibility Test Laboratory	TB DOT Facility	Gonorrhea Laboratory
-------------------------------------	-----------------	----------------------

Applicant Category (Mark One)	Immigrant Visa <input type="checkbox"/> Immigrant <input type="checkbox"/> Special Immigrant (SIV) <input type="checkbox"/> Adoptee	Refugee <input type="checkbox"/> Refugee <input type="checkbox"/> Follow to join refugee	Asylee <input type="checkbox"/> Asylee <input type="checkbox"/> Follow to join asylee	Non-Immigrant Visa (NIV) Parolee <input type="checkbox"/> K-Visa <input type="checkbox"/> Other NIV _____ <input type="checkbox"/> Parolee
-------------------------------	--	--	---	---

**1. Classification** (Check all boxes that apply)

**No apparent defect, disease, or disability** (See Worksheets DS-3025, DS-3026, DS-3030)

**Class A Conditions** (See Worksheets DS-3025, DS-3026, DS-3030)

- |   |   |
|---|---|
| <input type="checkbox"/> Tuberculosis disease (1A1)   | <input type="checkbox"/> Any physical or mental disorder (excluding addiction or abuse of specific substance on the Controlled Substances Act but including other substance-related disorder) with harmful behavior or history of such behavior likely to recur (1A3) |
| <input type="checkbox"/> Syphilis, untreated (1A1)  | <input type="checkbox"/> Addition or abuse of specific substance on the Controlled Substances Act (1A4)   |
| <input type="checkbox"/> Gonorrhea, untreated (1A1)   | <input type="checkbox"/> Immigrant visa applicant refuses vaccinations (1A2)  |
| <input type="checkbox"/> Hansen's Disease, untreated multibacillary or paucibacillary (1A1) |   |



**Report of Medical Examination and Vaccination Record**

USCIS  
**Form I-693**  
Department of Homeland Security  
U.S. Citizenship and Immigration Services  
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
<input type="text"/>	<input type="text"/>	<input type="text"/>

**2. Physical Address**

Street Number and Name	Apt. Ste. Flr. Number
<input type="text"/>	<input type="text"/>
City or Town	State ZIP Code
<input type="text"/>	<input type="text"/>

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

**3. Other Information**

A. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	B. Date of Birth (mm/dd/yyyy) <input type="text"/>	C. City/Town/Village of Birth <input type="text"/>
D. Country of Birth <input type="text"/>	E. Alien Registration Number (A-Number) (if any) ▶ A- <input type="text"/>	
F. USCIS Online Account Number (if any) ▶ <input type="text"/>		

**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.



# Who needs an exam?

- USCIS Policy Manual Vol 8, Part B, Ch 3
- FAQ Section of I-693 Instructions

Medical Examination and Vaccination Requirements by Benefit Type			
Benefit Type	Medical Examination (Yes or No)	Vaccination (Yes or No)	Panel Physician or Civil Surgeon
Immigrant visa applicants, applying with U.S. Department of State (DOS)	Yes	Yes	Panel physician
Adjustment applicants	Yes	Yes	Civil surgeon
Nonimmigrant visa applicants, applying with DOS; and nonimmigrants seeking change/extension of status while in the United States <sup>[5]</sup>	No (with some exceptions) <sup>[6]</sup>	No	N/A
Temporary Protected Status (TPS) applicants <sup>[7]</sup>	No (with some exceptions) <sup>[8]</sup>	No	N/A
K or V visa applicants, applying with DOS <sup>[9]</sup>	Yes	No	Panel physician
Nonimmigrant seeking change of status to V status <sup>[10]</sup>	Yes	No	Civil surgeon







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Resources ▾

Sign In ▾



## Find A Doctor

Enter your address or ZIP code to find a doctor near you

Search



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# Form I-910, Application for Civil Surgeon Designation

## ■ **Exception:**

USCIS confers blanket designation for health dep't and military physicians, but they must meet the professional requirements specified in USCIS Policy Manual, Volume 8, Part C, Chapter 3.



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For USCIS Use Only		Initial Receipt	Barcode	Action Block
		Received	Remarks	
		Sent	CSD Number	
To be completed by an attorney or accredited representative (if any).		<input type="checkbox"/> Select this box if Form G-28 is attached.	Attorney State Bar Number (if applicable)	Attorney or Accredited Representative USCIS Online Account Number (if any)

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

**Part I. Information About You (The Applicant)**

1. Have you ever been designated as a civil surgeon?  Yes  No  
If you answered "Yes" to **Item Number 1**, provide the following information.

2. Civil Surgeon Identification Number (CSID) (if known)

3. Period of Designation (mm/dd/yyyy)  
From  To

4. Has USCIS ever revoked your designation?  Yes  No  
If you answered "Yes" to **Item Number 4**, provide the following information.

5. Date of Revocation (mm/dd/yyyy)

6. Have you ever voluntarily terminated your designation?  Yes  No  
If you answered "Yes" to **Item Number 6**, provide the following information.

7. Date of Voluntary Termination (mm/dd/yyyy)

**NOTE:** If you answered "Yes" to **Item Number 4**, or **Item Number 6**, include a typed or printed explanation of the circumstances surrounding the revocation or voluntary termination in **Part 10. Additional Information**.

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

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Form I-910 07/23/20 Page 1 of 9

## ■ **Blanket Designation of State and Local Health Departments**

- Through policy and in agreement with CDC, USCIS designates all state and local health departments as civil surgeons
- These blanket designated civil surgeons may **ONLY** perform the vaccination assessment and **ONLY** for a refugee who:
  - Is applying for adjustment of status under INA 209
  - Completed an immigration medical examination overseas with a panel physician
  - Is not required to repeat any part of the exam (no Class A conditions were found overseas)
- Physicians must meet all qualifications of civil surgeon designation to be eligible
- [USCIS Policy Manual Volume 8, Part C, Chapter 3.A](#)



# Blanket Designation of Military Physicians

- USCIS extends a blanket civil surgeon designation to military physicians
- Eligible military physicians can complete ALL parts of a required immigration medical examination:
  - For members and veterans of the U.S. Armed Forces and eligible dependents
  - Physicians employed by the Department of Defense or provide medical services to U.S. armed forces, members, veterans, and their dependents as military contract providers and are authorized to provide medical services at a military treatment facility within the United States
  - Physician must meet the civil surgeon qualifications except that the physician may be licensed in any state, not necessarily the state in which the physician is performing the immigration medical examination
- [USCIS Policy Manual Volume 8, Part C, Chapter 3.B](#)



# Civil Surgeon Professional Qualifications

- Licensed M.D. or D.O.;
  - Licensed to practice medicine without restrictions in the state seeking to perform immigration medical exams;
  - 4 years of professional experience, not including residency or other training; and
  - Authorized to work in the United States.
- [Part C - Civil Surgeon Designation and Revocation | USCIS](#)



- **USCIS may revoke a physician's civil surgeon designation if he or she:**
  - Fails to respond to USCIS requests for updates to civil surgeon records
  - Fails to comply with the Technical Instructions, Form I-693 Instructions consistently or intentionally
  - Falsifies or conceals any material fact in the Form I-910 application
  - Knowingly falsifies or conceals any material fact on Form I-693
  - Is subject to any court or disciplinary action that revokes, suspends, or otherwise restricts the physician's authority to practice as a physician



# Revocation of Civil Surgeon Designation

- USCIS will remove a civil surgeon's name from the public list upon revocation
- Civil Surgeon cannot perform exams after revocation until approval of new application for designation or approval of Form I-290B, Notice of Appeal or Motion
  - USCIS Policy Manual, Vol. 8, Part C, Chapter 4





# 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
Dubois	Francois	

### 2. Physical Address

Street Number and Name	Apt. Ste. Flr.	Number
123 Main St	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
City or Town	State	ZIP Code
Arlington	VA	22203

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

### 3. Other Information

A. Gender	B. Date of Birth (mm/dd/yyyy)	C. City/Town/Village of Birth
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	01011950	Paris
D. Country of Birth	E. Alien Registration Number (A-Number) (if any)	
France	▶ A- <input type="text"/>	
F. USCIS Online Account Number (if any)		
▶ 1 2 3 4 5 6 7 8 9 1 2 3		

## 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

- Form I-693, Report of Medical Examination and Vaccination Record | USCIS
  - Obtain most recent version by visiting this USCIS website
  - Also review form instructions (PDF available on same website), and notices
  - Also review CDC Technical Instructions for Civil Surgeons |

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

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

Provide the following information about the interpreter, if you used one.

#### Interpreter's Full Name

1. Interpreter's Family Name (Last Name)  Interpreter's Given Name (First Name)
2. Interpreter's Business or Organization Name (if any)

- Can be professional service, family member, friend, staff member, etc.
- If you believe the interpreter cannot provide unbiased translation, do not utilize their services





# Part 4. Preparer


- If you or a staff member prepares the applicant's portion of the form, complete Part 4
- Not necessary if you simply transcribed written information

**Preparer's Full Name**

1. Preparer's Family Name (Last Name)  Preparer's Given Name (First Name)

2. Preparer's Business or Organization Name (if any)

---

Form 1-693 Edition 07/19/22  Page 3 of 14

Family Name (Last Name)	Given Name (First Name)	Middle Name	A-Number (if any)
			▶ A- <input type="text"/>

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

**Preparer's Mailing Address**

3. Street Number and Name  Apt. Ste.  Flr.  Number

City or Town  State  ZIP Code

Province  Postal Code  Country

**Preparer's Contact Information**

4. Preparer's Daytime Telephone Number

5. Preparer's Mobile Telephone Number (if any)

**Part 5. Applicant's Identification Information** (To be completed by the civil surgeon) (continued)

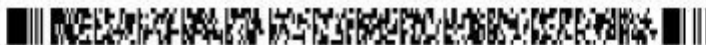
Please complete the following about the applicant:

1. Form of identification presented by applicant (for example, passport or driver's license)

Passport

2. Document Identification Number

123456



# What is involved in this exam?

- A review of the applicant's medical history
- A review of any other records available to the physician
- A review of systems to determine the presence and severity of any Class A and/or B conditions
- A physical examination, including an evaluation of mental status and all relevant diagnostic tests



# Class A Medical Conditions (42 CFR 34.2(d))

- Automatically render an applicant inadmissible on health-related grounds (unless waived)
- Civil surgeon's diagnosis of a Class A medical condition is conclusive



- **Class B Medical Conditions (42 CFR 34.2(e))**
  - Defined as a physical or mental condition, disease or disability serious in degree or permanent in nature
  - Do not make the applicant inadmissible on health-related grounds



# Part 8: Civil Surgeon Worksheet

- Follow the TIs for the most up to date requirements



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## Part 8. Civil Surgeon Worksheet (continued)

### B. Syphilis

(1) Serologic Test for Syphilis (Required for applicants 15 years of age and older)

(a) Name of Screening Test

(b) Date Screening Run (mm/dd/yyyy)

(c)  Screening Nonreactive (mm/dd/yyyy)

Screening Reactive, Titer 1:

(d) If Reactive, Name of Confirmatory Test

(e) Date Confirmation Run (mm/dd/yyyy)

(f)  Confirmation Nonreactive  Confirmation Reactive

(2) Findings:

No Class A or Class B Syphilis  Syphilis, Class A (untreated)  Syphilis, Class B (treated in the last year)

(3) Remarks: (Include any therapy given with doses and dates)

Not required due to age

Drug:  Dosage:

Start Date (mm/dd/yyyy)  End Date (mm/dd/yyyy)

### C. Gonorrhea

(1) Laboratory Test for Gonorrhea (Required for applicants 15 years of age and older)

(a) Screening Test Name

(b) Date Specimen Reported (mm/dd/yyyy)

(c)  Positive  Negative

(2) Findings:

No Class A or Class B Gonorrhea  Gonorrhea, Class A (untreated)

Gonorrhea, Class B (treated in the last year)

(3) Remarks: (Include any treatment given with doses and dates)

not required due to age

Drug:  Dosage:

Start Date (mm/dd/yyyy)  End Date (mm/dd/yyyy)



**Part 10. Vaccination Record (continued)**

**Results:**

- Applicant completed vaccination requirements or may be eligible for blanket waivers as indicated above
- Applicant will request an individual waiver based on religious or moral convictions
- Applicant does not meet immunization requirements

**Remarks:** (If needed, provide any comments, such as the reason for contraindication.)

**FOR USCIS USE ONLY**

**Remarks (if any)**



### Part 11. Additional Information

If you (the applicant or the civil surgeon) need extra space to provide any additional information within this form use the space below. If you (the applicant or civil surgeon) need more space than what is provided, you may make copies of this page to complete and file with this form or attach a separate sheet of paper. Type or print the applicant's name and 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.

1. Family Name (Last Name)      Given Name (First Name)      Middle Name

--	--	--

2. A-Number (if any) ▶ A- 

--	--	--	--	--	--	--	--	--	--

3. A. Page Number    B. Part Number    C. Item Number

4	5	1-2
---	---	-----

D. Applicant had only recently expired passport for identification. Was not able to renew passport due to COVID restrictions.

4. A. Page Number    B. Part Number    C. Item Number

--	--	--

D.





# Part. 6 Summary of Medical Examination

**Part 6. Summary of Medical Examination** (To be completed by the civil surgeon)

1. **Summary of Overall Findings:**

A.  No Class A or Class B Condition

B.  Class B Conditions (See Item Numbers 1. - 4. in Part 8. Civil Surgeon Worksheet)

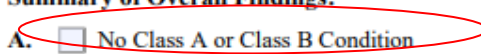
C.  Class A Conditions (See Item Numbers 1. - 3. in Part 8. Civil Surgeon Worksheet)

2. **Date of First Examination** (mm/dd/yyyy)

3. **Dates of Follow-up Examinations, if required:**

Date of Examination (mm/dd/yyyy)	Date of Examination (mm/dd/yyyy)	Date of Examination (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Don't Forget!



**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***

8. Civil Surgeon's Signature

*John Smith*

Date of Signature (mm/dd/yyyy)

***(Health departments and military treatment facilities MUST place their official stamp or seal here)***

(official stamp or seal here)



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- Dr. Smith places the original Form I-693 and supporting documents into an envelope and seals it. On the front of the envelope, he writes in capital letters:

**DO NOT OPEN. FOR USCIS USE ONLY.**

- On the back of the envelope, he places his initials where the flap and the envelope meet



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- Francois submits his I-130, I-485, and I-693 to USCIS
- He receives and completes a biometrics appointment
- He receives notice that USCIS is waiving the interview
- Francois' application is approved, and he is granted Legal Permanent Resident status
  - Authorized to permanently reside and work in the U.S.



# Keep USCIS Up To Date!

- It is the responsibility of the USCIS designated civil surgeon to inform USCIS of changes such as:
  - Change in practice location
  - Change in phone number or email address
- Current civil surgeons who need to update this information, send an email to [NBCCivilSurgeons@uscis.dhs.gov](mailto:NBCCivilSurgeons@uscis.dhs.gov)



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# Helpful Email Addresses

- [OPSCivilSurgeons@uscis.dhs.gov](mailto:OPSCivilSurgeons@uscis.dhs.gov)

Policy and Form I-693 Questions

- [cdcqapcivilsurgeons@cdc.gov](mailto:cdcqapcivilsurgeons@cdc.gov)

Technical Instructions Questions

- [nbccivilsurgeons@uscis.dhs.gov](mailto:nbccivilsurgeons@uscis.dhs.gov)

For civil surgeons to inquire about designation status and to update contact information



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# Resources

- CDC's Technical Instructions (TIs): <http://www.cdc.gov/immigrantrefugeehealth/exams/ti/civil/technical-instructions-civil-surgeons.html>
- Health-related grounds of inadmissibility: [USCIS Policy Manual, Volume 8, Part B](#)
- Civil Surgeon Designation and Revocation: [USCIS Policy Manual, Volume 8, Part C](#)
- [Application for Civil Surgeon Designation | USCIS, Form I-910](#)
- [Report of Medical Examination and Vaccination Record | USCIS, Form I-693](#)



# References

1. See the Immigration Act of 1891, 26 Stat. 1084 (March 3, 1891).
2. See the Immigration Act of 1882, 22 Stat. 214 (August 3, 1882).
3. See Section 8 of the Immigration Act of 1891, 26 Stat. 1084, 1085 (March 3, 1891).
4. See [Pub. L. 107-296 \(PDF\)](#), 116 Stat. 2135 (November 25, 2002).
5. See [8 CFR 232.2\(b\)](#).
6. See the Immigration Act of 1990 (IMMACT 90), [Pub. L. 101-649 \(PDF\)](#) (November 29, 1990).
7. See the Illegal Immigration Reform and Immigrant Responsibility Act of 1996 (IIRIRA), Division C of [Pub. L. 104-208 \(PDF\)](#) (September 30, 1996). See [INA 212\(a\)\(1\)\(A\)\(ii\)](#).





# Questions?



U.S. Citizenship  
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