





# 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)

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## 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.



# INS Vaccine Checklist

*Below Are the Necessary Vaccines (No Exceptions):*

- TDAP**
  - **Within the LAST TEN YEARS**
- Measles, Mumps, Rubella (MMR)**
  - **IF PREGNANT: MMR titer will suffice**
- Varicella**
  - **Either: History of chickenpox (exact date isn't necessary, age will suffice)**
  - **Or: Proof of Vaccination**
- Hepatitis B**
- COVID Vaccination Series**
  - **Doses depend on vaccine type**
    - **Johnson & Johnson (1 Dose)**
    - **Pfizer / Moderna (2 Doses)**

*If vaccines are done elsewhere, bring PROOF OF VACCINATION*

*If government/patient loses i-693 FORMS, a sealed copy fee will be \$68.*

**Table 1: Vaccine Requirements According to Applicant Age**

Vaccines by applicant age	Birth- 1 month	2-11 months	12 months-6 years	7-10 years	11-17 years	18-64 years	≥ 65 years
DTP/DTaP/DT	NO	YES	YES	NO	No		
Td/Tdap		NO		Sometimes*	YES, substitute 1-time dose of Tdap for Td booster; then boost with Td or Tdap every 10 years		
Polio** (IPV/OPV)	NO		YES			NO	
Measles, Mumps, and Rubella	NO	NO		YES, if born in 1957 or later			NO
Rotavirus***	NO	YES 6 weeks through 8 months		NO			
Hib	NO	2 through 59 months old	YES		NO		
Hepatitis A	NO		12 months through 18 years old	YES		NO	
Hepatitis B			YES, through 59 years old				NO
Meningococcal (MenACWY)			NO		Yes 11 through 18 years old		NO
Varicella	NO			YES			
Pneumococcal	NO	YES, 2 through 59 months old (administer PCV)			NO		One dose PCV15 followed by PPSV23 or one dose PCV20
Influenza	NO, if less than six months old			YES, ≥ 6 months (annually when flu vaccine is available in country of exam)			
COVID-19	See the COVID-19 Technical Instructions for the details of this requirement.						

DTP=pediatric formulation diphtheria and tetanus toxoids and pertussis vaccine; DTaP=pediatric formulation diphtheria and tetanus toxoids and acellular pertussis vaccine; DT=pediatric formulation diphtheria and tetanus toxoids; Td=adult formulation tetanus and diphtheria toxoids; Tdap=adolescent and adult formulation tetanus and diphtheria toxoids and acellular pertussis vaccine (\*Children 7-10 years old sometimes need a dose of Tdap depending on their vaccine history. See [Diphtheria, Tetanus and Pertussis-Containing Vaccines Catch-Up Guidance](#) on CDC's website for additional information). IPV=inactivated poliovirus vaccine (killed); OPV=oral poliovirus vaccine (live); Hib=*Haemophilus influenzae* type b conjugate vaccine; MenACWY=quadravalent meningococcal conjugate vaccine; PCV=pneumococcal conjugate vaccine; PPSV=pneumococcal polysaccharide vaccine. \*\* Please see posted [Addendum to Technical Instructions for Panel Physicians for Vaccinations](#) on CDC's website.

website for changing guidance about polio vaccine. \*\*\*Rotavirus vaccination should not be initiated for infants aged 15 weeks 0 days or older.

This table describes vaccine requirements for U.S. immigrant visa and status adjustment applicants and does not include recommendations for other clinical purposes. See the [Immunization Schedules](#) on CDC's website for number and spacing of doses for required vaccines.



## **USCIS I-693 PRICING**

<b>Physical</b> (Exam, gon, RPR)	<b>\$295</b>
<b>MMR vaccine</b>	<b>\$160</b>
<b>Tdap vaccine</b>	<b>\$105</b>
<b>Hepatitis A vaccine</b>	<b>\$150</b>
<b>Hepatitis B vaccine</b>	<b>\$150</b>
<b>Varicella Vaccine</b>	<b>\$220</b>
<b>Influenza vaccine</b> (10/1-3/31)	<b>\$35</b>
<b>Vaccine admin fee</b>	<b>\$30</b>
<b>CXR</b> (if needed)	<b>\$50</b>

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### **TOTAL:**

**Without Vaccine: \$295**

**With Vaccines: \$295 + (\$) of each  
missing vaccine**