



## USCIS Form I-693 Required Fields for eMedical

Note that some fields on this required list are not directly available in eMedical.  
Civil Surgeons are only required to report what is available in eMedical at the time of data entry.



# USCIS I-693 Required Fields



## Report of Immigration Medical Examination and Vaccination Record Department of Homeland Security U.S. Citizenship and Immigration Services

USCIS  
Form I-693  
OMB No. 1615-0033  
Expires 03/31/2025

▶ **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 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"/>

2. Current Physical Address [\(USPS ZIP Code Lookup\)](#)

In Care Of Name (if any)

Street Number and Name  Apt. Ste. Flr.  Number

City or Town  State  ZIP Code

Province  Postal Code  Country

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

#### Applicant's Contact Information

Provide your daytime telephone number, mobile telephone number (if any), and email address (if any).

1. Applicant's Daytime Telephone Number <input type="text"/>	2. Applicant's Mobile Telephone Number (if any) <input type="text"/>
3. Applicant's Email Address (if any) <input type="text"/>	

## Required Demographic Fields:

- First & Last Name
- Current Address
- Gender
- Date of Birth
- City of Birth
- Country of Birth
- Telephone Numbers (2)
- Email Address
- ID Numbers (if any)



# USCIS I-693 Required Fields

## Required Civil Surgeon Fields:

- Date of First Examination
- Civil Surgeon First/Last Name
- Clinic Information

**\* This data is automatically captured by the eMedical system upon login.**

**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 (Date applicant signed in Part 2.)**  
(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)

      

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**Part 7. Civil Surgeon's Contact Information, Certification, and Signature**

NOTE: Do not sign Form I-693 until all health-related follow-up requirements are met.

**Civil Surgeon's Information**

1. **Family Name (Last Name)**    **Given Name (First Name)**    Middle Name (if applicable)

      

Civil Surgeon Identification Number (CSID) (unless performing the examination under a health department or military blanket designation)

2. **Name of Medical Practice, Facility, or Health Department**

**Physical Address**

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

        

City or Town    State    ZIP Code

      

**Mailing Address**

4. **Street Number and Name (PO Box)**    Apt. Ste. Flr.    Number (if applicable)

        

City or Town    State    ZIP Code

      

**Contact Information**

5. **Daytime Telephone Number**    6. **Mobile Telephone Number (if any)**

  

7. **Email Address (if any)**



# USCIS I-693 Required Fields

**Part 8. Civil Surgeon Worksheet**

(To be completed by the civil surgeon, according to the *Technical Instructions for Civil Surgeons* at <https://www.cdc.gov/immigrantrefugeehealth/civil-surgeons/tuberculosis.html>)

1. **Communicable Disease of Public Health Significance**

A. **Tuberculosis (TB):** An initial screening test, an interferon gamma release assay (IGRA), is required for all applicants 2 years of age and older; for children under 2 years of age, see the *Technical Instructions for Civil Surgeons*. The civil surgeon will perform further evaluation if needed (chest X-ray).

(1) **Interferon Gamma Release Assay** (for acceptable IGRAs, consult the *Technical Instructions for Civil Surgeons* and any updates posted on the CDC's website):

Not Administered (IGRA exception; please explain in Remarks section below)

Select only one box.

<input type="checkbox"/> <b>QuantiFERON</b>	<input type="checkbox"/> <b>T-Spot</b>
Date Blood Sample Drawn (mm/dd/yyyy)	Date Blood Sample Drawn (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>

Result:  Negative (no chest X-ray required)  
 Positive (chest X-ray required)  
 Indeterminate (including borderline/equivocal) (no chest X-ray required)

(2) **Initial Screening Test Result and Chest X-Ray Determinations:**

Chest X-ray not required (medically cleared for TB).  
 Chest X-ray required due to initial screening test results.  
 Chest X-ray required due to TB signs or symptoms, or due to immunosuppression (such as HIV).  
 Chest X-ray required due to IGRA exception (Clearly specify the IGRA exception in the Remarks section below).

**Sputum Smears and Cultures Results:**

(3) Chest X-Ray: Required based on IGRA result, or if specific IGRA exceptions apply, or for an applicant with TB signs or symptoms or immunosuppression (such as HIV).

Date Chest X-Ray Taken (mm/dd/yyyy)	Date Chest X-Ray Read (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>

Result:  Normal  
 Abnormal findings suggestive of TB that require smears and cultures:

<input type="checkbox"/> Infiltrate or consolidation	<input type="checkbox"/> Military findings
<input type="checkbox"/> Reticular markings suggestive of fibrosis	<input type="checkbox"/> Discrete linear opacity
<input type="checkbox"/> Cavitory lesion	<input type="checkbox"/> Discrete nodule(s) without calcification
<input type="checkbox"/> Nodule(s) or mass with poorly defined margins (such as tuberculoma)	<input type="checkbox"/> Volume loss or retraction
<input type="checkbox"/> Pleural effusion	<input type="checkbox"/> Irregular thick pleural reaction
<input type="checkbox"/> Hilar/mediastinal adenopathy	<input type="checkbox"/> Other (further describe in Remarks section below)

## Required Medical Fields:

- Interferon Gamma Release Assay (IGRA) Results
- Chest X-Ray Results
- Chest X-Ray Determination\*
- Sputum Smears Results\*
- Culture Results

\* Not an eMedical Field



# USCIS I-693 Required Fields

**Part 8. Civil Surgeon Worksheet (continued)**

(4) **Sputum Smears and Cultures Decision**

No, not indicated.
  Yes, indicated due to known HIV infection or extrapulmonary TB.
  Yes, indicated due to signs or symptoms of TB.
  Yes, indicated for end of treatment cultures.
  Yes, indicated due to chest X-ray suggestive of TB.

(5) **Sputum Smears and Cultures Results**

Sputum Smear Results			
Date Specimen Obtained (mm/dd/yyyy)	Date Smear Result Reported (mm/dd/yyyy)	Positive	Negative
1.			
2.			
3.			

Sputum Culture Results					
Date Specimen Obtained (mm/dd/yyyy)	Date Culture Result Reported (mm/dd/yyyy)	Positive	Negative	NTM	Contaminated
1.					
2.					
3.					

(6) **TB Classification Findings (Select only if chest X-ray was performed.):**

No Class A or Class B TB
  Class B1 Extrapulmonary TB
  Class A Pulmonary TB Disease
  Class B2 TB, Latent TB Infection
  Class B0 Pulmonary TB
  Class B, Other Chest Condition (non-TB)
  Class B1 Pulmonary TB

(7) **Remarks:** (Include any signs or symptoms of TB, additional tests and therapy given, with start and stop dates and any changes. If you did not perform IGRA, give the reason why an exception applies.)

B. **Syphilis**

(1) **Serologic Test for Syphilis** (Required for applicants 18 to 44 years of age - see CDC's *Syphilis Technical Instructions for Civil Surgeons* at <https://www.cdc.gov/immigrantrefugeehealth/civil-surgeons/syphilis.html> for current required testing age range). All tests must be performed on the same blood sample.

(a) Name of Nontreponemal Test: \_\_\_\_\_

(b) Date Nontreponemal Test Collected (mm/dd/yyyy): \_\_\_\_\_

(c)  Nontreponemal Test Nonreactive Date Reported (mm/dd/yyyy): \_\_\_\_\_

Screening Reactive, Titer 1: \_\_\_\_\_

## Required Medical Fields:

- Sputum Smears & Culture Decisions\*
- TB Classification Findings
- Upload Completed I-693 Form
- Upload interferon-gamma release assay (IGRA) test results
- Upload Chest X-Ray (if available)
- Remarks

\* Not an eMedical Field