

Form I-693 Medical Examination Questionnaire

Part 1. Information About You (To be completed by the person requesting a medical examination)

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

Applicant's daytime Telephone number

Applicant's Mobile telephone number

Applicant's email address

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 **B-1** 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.

B-1) Interpreter name

Question 1.) Are you Pregnant? Yes No

Question 2.) Do you have or ever had Tuberculosis? Yes-When
No