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Memorandum

To: Field Leadership

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Date: March 19, 2009

Subject: Guidance on Revisions to CDC's Technical Instructions for Civil Surgeons and Form I-693

Revision to and re-designation of Adjudicator's Field Manual (AFM) Chapter 23.3 to AFM Chapter 40.1, Health-Related Grounds of Inadmissibility and Medical Examination (AFM AD09-09)

1. Purpose

This memorandum provides guidance on health-related grounds of inadmissibility as codified in section 212(a)(1) of the Immigration and Nationality Act, and the adjudicative review of Form I-693 (Report of Medical Examination and Vaccination Record). This guidance also details recent changes to the Tuberculosis screening and referral procedures and revisions to the vaccination requirements. Chapter 23.3 of the Adjudicator's Field Manual (AFM) is updated accordingly. Additionally, Chapter 23.3 is redesignated as Chapter 40.1, Health-Related Grounds of Inadmissibility and Medical Examination.

2. Background

On May 1, 2008, the Centers for Disease Control and Prevention (CDC) issued the new *Tuberculosis Component of the Technical Instructions for the Medical Examination of Aliens in the United States*, which set forth new changes to tuberculosis (TB) screening and referrals and

follow-up evaluations. USCIS had anticipated these changes and issued a revised version of Form I-693 (April 2, 2008 edition).

The revised Form I-693 was re-titled *Report of Medical Examination and Vaccination Record*. A new referral section was added and the vaccination record was included in the form itself, rather than as a supplement. Following a 30-day grace period, all medical examinations conducted on or after June 1, 2008 were subject to the new TB requirements, and the results were required to be annotated on the revised Form I-693.

More recently, the CDC updated its *Technical Instructions for Vaccination* with new vaccination requirements that became effective July 1, 2008. These age-specific requirements, based on U.S. Advisory Committee on Immunization Practices (ACIP) recommendations, are: rotavirus, hepatitis A, meningococcal, human papillomavirus (HPV), and zoster vaccines. The June 5, 2008 edition of Form I-693 includes a list of these vaccinations. Following a 30-day grace period, the new vaccinations were required to be part of any vaccination assessment conducted on or after August 1, 2008. On January 2, 2009, the ACIP also recommended that individuals aged 6 months through 18 years receive the influenza vaccination. Following a grace period agreed upon by CDC and USCIS, the influenza vaccination for this age category will be required as part of any vaccination assessment conducted on or after April 1, 2009.

3. Field Guidance and Adjudicator's Field Manual (AFM) Update

This memorandum revises Chapter 23.3 of the *Adjudicator's Field Manual (AFM)* by amending previously published guidance on medical examination and vaccination requirements, and the adjudicative review of Form I-693.

Chapter 23.3 of the AFM is revised and re-designated as Chapter 40.1, Health- Related Grounds of Inadmissibility and Medical Examination, to read as follows:

40.1 Health-Related Grounds of Inadmissibility and Medical Examinations

(a) General

(1) Section 212(a)(1)(A) of the Immigration and Naturalization Act (the Act) provides that aliens with certain health problems are inadmissible. To determine whether aliens are inadmissible under section 212(a)(1)(A), immigrant visa and adjustment of status applicants are required to undergo a medical examination. For immigrant visa applicants, the medical examination is performed by a panel physician designated by the Department of State. For adjustment of status applicants, the medical examination is performed by a civil surgeon designated by a USCIS district director.

(2) The required medical examination must be performed according to guidelines published by the Centers for Disease Control and Prevention (CDC). Civil surgeons in the United States must use *Technical Instructions for the Medical Examination of Aliens*

in the United States (hereinafter *Technical Instructions*), and panel physicians abroad must use *Technical Instructions for Panel Physicians*. The *Technical Instructions* have the force of a regulation and can be accessed at www.cdc.gov/ncidod/dq/technica.htm.

(b) Medical Grounds of Inadmissibility Defined

(1) Section 212(a)(1)(A) of the Act establishes four categories of conditions that may render an alien inadmissible. The four categories are:

- communicable disease of public health significance
- failure to show proof of required vaccinations
- mental or physical disorder with associated harmful behavior
- drug abuse or addiction

These constitute Class A conditions and render an applicant inadmissible to the U.S. Class B medical conditions do not constitute a ground of medical inadmissibility and are defined as physical or mental abnormalities, diseases, or disabilities serious in degree or permanent in nature amounting to a substantial departure from normal well-being. (42 CFR 34.2(e)).

The Department of Health and Human Services' (HHS) regulations at 42 CFR 34 define Class A conditions, thus specify whether someone is inadmissible because of a communicable disease of public health significance, a mental or physical disorder with associated harmful behavior, or drug abuse or addiction.

(2) Communicable Diseases of Public Health Significance. As of March 2009, HHS has designated the following conditions as communicable diseases of public health significance (42 CFR 34.2(b)):

a) Chancroid.

b) Communicable diseases as listed in a Presidential Executive Order, as provided under Section 361(b) of the Public Health Service Act. The current revised list of quarantinable communicable diseases is available at <http://www.cdc.gov> and <http://www.archives.gov/federal-register>.

c) Communicable diseases that may pose a public health emergency of international concern if it meets one or more of the factors listed in 42 CFR 34.3(d) and for which the CDC Director has determined (A) a threat exists for importation into the United States, and (B) such disease may potentially affect the health of the American public. HHS/CDC's determinations will be announced by notice in the Federal Register.

d) Gonorrhea.

e) Granuloma inguinale.

f) Human immunodeficiency virus (HIV) infection.

NOTE: Until July 30, 2008, section 212(a)(1)(A)(i) of the Act had specifically required the Secretary of Health and Human Services to classify HIV infection as a communicable disease of public health significance. Public Law 110-293 removed this requirement. HIV infection is still listed in the HHS regulations as a communicable disease of public health significance. For this reason, an alien with HIV infection will remain inadmissible until HHS amends 42 CFR 34.2(b).

g) Leprosy, infectious.

h) Lymphogranuloma venereum.

i) Syphilis, infectious stage.

j) Tuberculosis, active. Only a Class A tuberculosis (TB) diagnosis renders an applicant inadmissible to the U.S. Under current CDC guidelines, Class A TB means tuberculosis that is clinically active and communicable.

(3) Failure to Receive all Required Vaccinations. Section 212(a)(1)(A)(ii) of the Act covers immigrant visa and adjustment of status applicants who have not received all required vaccinations. Certain vaccinations are expressly required by section 212(a)(1)(A)(ii) of the Act. Others are required because the CDC's Advisory Committee for Immunization Practices has recommended them. See Chapter 40.1(d) and (e)(4) below for guidance.

(4) Physical or Mental Disorder and Associated Harmful Behavior. Section 212(a)(1)(A)(iii) of the Act applies to individuals who have a physical or mental disorder and harmful behavior associated with that disorder. This ground is further divided into two subcategories:

- Current physical or mental disorders, with harmful behavior associated with that disorder
- Past physical or mental disorders, with associated harmful behavior that is likely to recur or lead to other harmful behavior.

Harmful behavior is defined as behavior that may pose, or has posed, a threat to the property, safety, or welfare of the alien or others.

Mental retardation no longer renders an applicant inadmissible on medical grounds, unless the civil surgeon or panel physician determines that the applicant is also exhibiting, or has exhibited, associated harmful behavior.

(5) Drug Abuse or Drug Addiction. Section 212(a)(1)(A)(iv) of the Act applies to individuals who are found to be drug abusers or drug addicts. The *Technical Instructions* published by CDC refer to the non-medical use of a psychoactive substance, and make an exception for experimentation.

The *Technical Instructions* direct civil surgeons and panel physicians to use their clinical judgment or seek a consultation when the applicant's medical history indicates past non-medical use of a psychoactive substance and there is a clinical question as to whether the use was experimental or part of a pattern of abuse. If the adjudicator has reason to question the completeness or accuracy of the medical examination report, the adjudicator may direct the applicant to return to the civil surgeon or panel physician for a reexamination or ask CDC to review the medical report.

(c) Validity of Form I-693

Form I-693 is normally valid for a period of one year from the date it was endorsed by the civil surgeon. In accordance with an agreement between USCIS and CDC, the adjudicator may accept a medical examination report that is more than one year old due to a pending adjustment of status application if the following conditions exist:

- Form I-693 was included with the initial filing of Form I-485; and
- There was no Class A or B medical condition (other than Class B medical condition noted in Part 2, Section 6 of Form I-693) noted on Form I-693.

This agreement is in effect until January 1, 2010. (See December 10, 2008, Extension of Validity of Medical Certifications on Form I-693, available on USCIS' website). The adjudicator is directed to honor the validity of Form I-693 if the only Class B medical conditions noted in Form I-693 have no material effect on the adjudication of the adjustment of status application, such as the Class B medical conditions listed under Part 2, section 6 of Form I-693.

(1) Medical Examinations Conducted Before June 1, 2008. In general, if a medical examination was conducted prior to June 1, 2008, any edition of Form I-693 is acceptable.

If a Form I-693 or vaccination supplement is dated prior to June 1, 2008, and is not properly completed, the original should be returned to the applicant to correct the deficiency on the old form, and a copy retained in the applicant's file. The civil surgeon must submit the corrected Form I-693 in a sealed envelope.

If the medical examination was conducted prior to June 1, 2008, the adjudicator may accept any edition of Form I-693 and vaccination supplement, if both forms are submitted together. If the applicant did not submit both forms together, the adjudicator must request the results on a new combined Form I-693 (Edition date 4/02/08 or later).

(2) Medical Examinations Conducted Between June 1, 2008 and July 31, 2008. For any medical exam conducted from June 1 to July 31, 2008, the adjudicator may accept Form I-693 (edition date of 04/02/08 or 06/05/08) if it is merely missing the new vaccinations, provided the form is otherwise complete.

(3) Medical Examinations Conducted After August 1, 2008. Any medical examination conducted on August 1, 2008, or later must be completed on the current edition of Form I-693 (edition date 06/05/08) and all new vaccinations, if age-appropriate and medically appropriate, must be completed.

Guide to Revised Form I-693, TB Testing/Treatment and Vaccination Requirements

Date of Medical Examination	Does the applicant have to submit the revised Form I-693?	Does the medical examination have to be done in accordance with the new TB requirements?	Does the applicant have to receive the new vaccines (if age appropriate?)
Before June 1, 2008	No	No	No
June 1 – July 31, 2008	Yes - Edition dates 4/2/08 and 6/5/08 are acceptable.	Yes	No
On or after August 1, 2008	Yes - must submit Edition date 6/5/08.	Yes	Yes

(d) Medical Examination and Vaccination Requirements. The following requirements apply with respect to medical examinations and vaccinations under section 212(a)(1)(A) of the Act:

(1) Immigrant Visa Applicants. Under section 221(d) of the Act, all individuals applying for an immigrant visa must submit to a medical examination before the visa is issued to establish admissibility to the U.S. All immigrant visa applications filed on or after September 30, 1996, must establish compliance with the vaccination requirements or eligibility for a waiver. Waiver provisions are addressed in Chapter 41.3 of the AFM.

(2) Refugees Applying for Admission. All individuals applying for admission as refugees under section 207 of the Act must undergo an overseas medical examination before being granted admission to the United States. The vaccination requirements do not apply to individuals seeking admission to the United States as refugees, because there

is no application for an immigrant visa or for adjustment of status at this stage of the process.

(3) Individuals Making an Initial Application for Asylum. Individuals applying for asylum under section 208 of the Act are not required to undergo a medical examination and are not subject to the vaccination requirements at the time of initial application for asylum.

(4) Refugees Applying for Adjustment of Status. A refugee who received a medical examination in conjunction with the initial application for admission does not need to repeat the entire medical examination unless the original examination revealed a Class A medical condition.

The refugee must establish compliance with the vaccination requirements at the time of adjustment of status, by submitting the vaccination record portion of Form I-693 completed by a designated civil surgeon. Under the circumstances specified in Chapter 83.4(b) of the AFM, state and local health departments are designated as civil surgeons for the purpose of completing the vaccination record for refugees applying for adjustment of status. For details refer to Chapter 83.4(b) of the AFM.

(5) Principal Asylees Applying for Adjustment of Status. If an asylee applies for adjustment of status under section 209 of the Act, a complete medical examination and vaccination assessment are required.

(6) Asylee Dependents Applying for Adjustment of Status. Asylee dependents who had a medical examination conducted overseas will not be required to undergo a new medical examination at time of submission of Form I-485 provided that:

- The results of the overseas medical examination are contained in the A-file and no Class A condition was reported; and
- The asylee has applied for adjustment of status within one year of eligibility to file; and
- There is no evidence in the A-file or testimony given at the interview to suggest that the asylee has acquired a Class A condition subsequent to his or her entry into the U.S.

The applicant must still establish compliance with the vaccination requirements and submit the vaccination record portion of Form I-693 with Form I-485.

(7) K and V Nonimmigrants Applying for Adjustment of Status. In certain instances, K and V nonimmigrants are not required to repeat the original medical examination that was performed overseas. If the applicant obtained a K or V nonimmigrant visa overseas, the medical examination report completed by the panel physician overseas should already be in the applicant's A-File. If it is not in the A-File, the adjudicator should request the medical examination report through an RFE.

A new medical examination is not required in order for a K or V nonimmigrant to apply for adjustment of status to that of a lawful permanent resident, if Form I-485 was filed within one year of the date of the original medical exam and one of the following scenarios exists:

- The medical examination did not reveal a Class A medical condition
- The applicant received a conditional waiver in conjunction with the K or V nonimmigrant visa or the change of status to V and the applicant submits evidence of compliance with the waiver terms and conditions

If these requirements have not been met, a new medical examination is required. If the new medical examination reveals a Class A medical condition, a new waiver application will also be required. In such cases, the adjudicator should determine whether the applicant complied with the terms and conditions of the first waiver. Such determination should be given considerable weight in the adjudication of a subsequent waiver application.

Even if a new medical examination is not required, applicants must still comply with the vaccination requirements, if the vaccination record was not included as part of the original medical examination report.

If the applicant was granted a change of status to V in the United States under section 214(q) of the Act, the medical examination report completed by the civil surgeon should be in the A-file created at the time that the change of status was initially granted. The applicant will need to return to the civil surgeon for the vaccination assessment, if not recorded on Form I-693.

(8) Kurdish Asylees Paroled under Operation Pacific Haven Applying for Adjustment of Status. Medical examinations performed under Operation Pacific Haven for Kurdish asylees either before arrival or while on Guam are acceptable for purposes of adjustment of status. Kurdish asylees were given copies of these medical reports and should include them with the adjustment application. If the applicant no longer has a copy of the medical report, a new medical examination and vaccination assessment must be performed by a designated civil surgeon.

(9) Other Applicants for Adjustment of Status. All individuals applying for adjustment of status under section 245 of the Act are required to have a medical examination and comply with the vaccination requirements.

(10) Presumption of Lawful Admission Cases. An alien who, under 8 CFR 101.1, 101.2, or 101.3, is presumed to have been lawfully admitted for permanent residence may apply for registration and evidence of LPR status. This registration process is not an

“adjustment of status.” For this reason, a medical examination and vaccination assessment are not required.

(11) Registry Applicants. Aliens applying for the creation of a record of admission for permanent residence are not required to undergo a medical examination or comply with the vaccination requirements because health-related grounds are not among the grounds of inadmissibility or ineligibility specified in section 249 of the Act.

(12) North American Indians. American Indians born in Canada who meet the requirements described in the regulations at 8 CFR 289.1 and 289.2 may be regarded as having been admitted for lawful permanent residence. Because neither an immigrant visa nor an adjustment of status application is required, the applicant is not required to comply with the medical examination and vaccination requirements.

(13) Children of Returning Residents. This category includes two groups:

- Children born abroad after the parent has been issued an immigrant visa and while the parent is applying for admission to the U.S.
- Children born abroad during the temporary visit abroad of a mother who is a national or permanent resident of the United States.

As long as the parent's visa is valid or the parent is a U.S. resident, there are no medical examination or vaccination requirements for these two groups of children.

(14) Internationally Adopted Orphans. Under section 212(a)(1)(C) of the Act, children 10 years of age or younger who are classified as orphans under section 101(b)(1)(F) and who are applying for IR-3 and IR-4 visas are not required to comply with the vaccination requirements before admission to the U.S.

In order for the child to benefit from this exception, the adopting parent(s) must sign an affidavit prior to visa issuance. The adopting parent(s) must affirm that the child will receive the required vaccination within 30 days of admission to the United States or at the earliest time that it is medically appropriate. However, noncompliance with the vaccination requirements following the child's admission to the United States is not a ground for removal under section 237 of the Act.

The Department of State has developed a standard affidavit form to ensure that adopting parents are aware of the possibility of an exception from the vaccination requirements, and of their obligation to ensure that the child is vaccinated following admission. The affidavit must be made under oath or affirmation in the presence of either the consular officer or a notary public, and the completed form must be included with Form DS-2053.

When the adoptive or prospective adoptive parent cannot sign the affidavit in good faith because of religious or moral objections to vaccinations, the child will require a waiver. The requirements for this waiver are described in Chapter 41.3(b) of the AFM.

Note that this waiver applies only to aliens who immigrate as "orphans" under section 101(b)(1)(F) of the Act, and not to Hague adoptees under section 101(b)(1)(G) of the Act, other adoptees under section 101(b)(1)(E) of the Act, nor to other "children" of citizens. The basis for this distinction is that section 212(a)(1)(C) of the Act itself makes the waiver available only to children who immigrate under section 101(b)(1)(F) of the Act.

(15) Nonimmigrants

(A) General. Except as provided in AFM Chapter 40.1(d)(15)(B) below, individuals applying for a nonimmigrant visa are not routinely required to obtain medical examinations and vaccinations. Before a nonimmigrant visa is issued, however, a consular officer may require the applicant to undergo a medical examination if considered necessary to determine visa eligibility. Similarly, CBP officers at ports-of-entry may require a nonimmigrant (arriving with or without a visa) to submit to a medical examination if necessary to determine whether a medical ground of inadmissibility applies.

(B) Special Considerations for K or V Nonimmigrants Applying for Nonimmigrant Visa
Individuals outside the United States applying for nonimmigrant visas must undergo a medical examination by a panel physician as part of the visa application process.

Since these individuals are not applicants for immigrant visas at this stage of the process, they are not required to establish compliance with the vaccination requirements.

When the panel physician's report indicates that an applicant lacks certain required vaccines, consular officers will attach a single-page addendum to Form DS-2053, *Medical Examination for Immigrant or Refugee Applicant*, and the accompanying worksheets, advising the applicant of the need to comply with the vaccination requirements upon the application for adjustment of status in the United States.

Individuals in the United States applying for change of status to that of a "V" nonimmigrant pursuant to section 214(q) of the Act must submit with their application Form I-693 completed by a designated civil surgeon. As with V nonimmigrant visa applicants, it is not necessary for the vaccination supplement to be completed in order for the alien to receive a grant of V nonimmigrant status. It is acceptable for the civil surgeon to perform the assessment, however, in anticipation of the alien's later adjustment of status application.

(e) Review of Form I-693. The results of the medical examination and vaccination assessment must be recorded on Form I-693, properly endorsed by a civil surgeon. In the case of refugees who only need the vaccination assessment, Form I-693 may be endorsed by a local or state health department authorized to provide this service.

For refugees or any other adjustment of status applicants who were only required to complete the vaccination assessment and not the entire medical exam, Form I-693 is acceptable if only pages 1, 3, and 5 are submitted, as pages 2 and 4 do not apply.

The adjudicator should review Form I-693 to ensure compliance with the following requirements:

(1) Form I-693 Must Be Completed Legibly, Be Signed by a Designated Civil Surgeon, and Be in a Sealed Envelope. The results of the medical examination and vaccination assessment must be typed or printed legibly and placed in an envelope sealed by the civil surgeon. If Form I-693 has not been dated and signed by the civil surgeon, has not been completed legibly in English, or if the envelope was not sealed by the civil surgeon or there is evidence of tampering with the sealed envelope, the adjudicator should return the original of the I-693 to the applicant for corrective action. If any required evaluations have not been performed, the adjudicator should return the original of Form I-693 to the applicant for corrective action. The adjudicator should retain a copy of the form in the alien's file.

To verify whether the physician who performed the medical examination is a designated civil surgeon, the adjudicator should refer to the Instructions in Chapter 40.1(f). The signature in Part 5 must be an original signature. In Part 6, either an original or stamped signature is acceptable, but Part 6 must be signed by the physician on staff at the health department.

(2) Serologic (Blood) Tests. All applicants who are 15 years of age and older at the time of the medical examination must undergo serologic testing for syphilis and human immunodeficiency virus (HIV) infection. Applicants under the age of 15 at the time of the examination must also undergo serologic testing if there is reason for the civil surgeon or USCIS to suspect infection.

If the applicant was younger than 15 at the time of the medical examination but has turned 15 while the application is pending, he or she is not routinely required to return to the civil surgeon for serologic testing. If the adjudicator has reason to suspect, however, that the applicant may have acquired HIV or syphilis since the medical examination took place, it is within the adjudicator's discretion to require the applicant to return to the civil surgeon for further tests.

(3) Tuberculosis (TB) Skin Test and Chest X-Ray.

(A) Tuberculin Skin Test (TST). All applicants 2 years of age and older must have a tuberculin skin test (TST). USCIS may require an applicant who is less than 2 years of age to have a TST if he or she has a history of contact with a known TB case, or if there is any other reason to suspect TB disease. See section (3)(C) below for exceptions to TST test requirement.

(B) Chest X-Ray. A chest x-ray is required in the following cases:

- Applicants with a TST reaction of 5 mm or more, including pregnant women
- Applicants with a TST reaction of less than 5 mm who have signs or symptoms of TB or immunosuppression.

(C) Chest X-Ray in lieu of TST. A chest x-ray is not a substitute for the TST. In fact, whether a chest x-ray is needed depends, in part, on the results of the TST. For this reason, if the Form I-693 indicates that the civil surgeon has performed a chest x-ray for TB, but does not give a TST result, the adjudicator should request an amended Form I-693 that includes the TST result unless the applicant meets one of the noted exceptions below.

There are two exceptions to the TST test specified in the Technical Instructions (Page 10) where the TST test should not be administered because there would be a medical contraindication:

- Applicants who have written documentation of a previous TST reaction of 5mm or greater of induration (with the signature of a health-care provider) need not be retested. In such a case, the applicant will need a chest radiograph to evaluate for TB disease. A verbal history of a positive TST reaction from the applicant is not acceptable. For purposes of Form I-693, the adjudicator does not need to see the written documentation of a previous TST reaction. However, the Civil Surgeon should indicate in the "Remarks" - section of Form I-693, Part 2.2(A), that the TST is not required because the applicant had presented written documentation of a previous TST reaction of 5 mm or greater of induration, with the signature of a health-care provider. (The Civil Surgeon's statement should be specific, and mention all the elements of the exception (including the size of the previous induration, that the document was signed by the alien's health care provider, and the name of the health care provider.)
- Applicants who report a severe reaction with blistering secondary to previous tuberculin skin testing do not need to be retested. In such a case, the applicant will need a chest radiograph to evaluate for TB disease. For purposes of Form I-693, the Civil Surgeon should indicate in the "Remarks"-section of Form I-693, Part 2.2(A) to that the applicant reported a severe reaction and that the TST is not required. The Civil Surgeon's statement should be specific, for example: "The applicant reported a severe reaction with blistering secondary to previous

tuberculin skin testing. Therefore, the applicant should not be retested using another TST. The applicant was directed to obtain a Chest X-Ray."

If the TST result is required as outlined in (A) and (B), but the Civil Surgeon omitted the test, the adjudicator should also notify the USCIS office that granted the civil surgeon designation. That office should advise the civil surgeon in writing of the deficiency and of the need to comply with CDC's *Technical Instructions*. The civil surgeon coordinator in each district office maintains the contact information for all civil surgeons in that jurisdiction. The civil surgeon coordinator should forward a copy of the letter and Form I-693 to CDC at the following address:

Director, Division of Global Migration and Quarantine
The Centers for Disease Control and Prevention (CDC)
1600 Clifton Road, Mailstop E-03
Atlanta, GA 30333

If the same civil surgeon receives two such letters of corrective action, the District Director may take appropriate steps to revoke the civil surgeon designation. See AFM Chapter 83.4(c).

In cases in which a chest x-ray is required, USCIS will only accept a full and formal chest X-ray report, whether a copy or an original, signed by the radiologist or a qualified physician who is trained and experienced in reading chest radiographs demonstrating TB or other diseases of the lung. The report should be on official hospital or medical office letterhead. The adjudicator should not accept any preliminary or incomplete evaluation that does not describe the full evaluation or findings. In most cases, the civil surgeon will have to wait a day or two before this report has been sent by the reviewing medical office and cannot sign off on the Form I-693 until this report has been received. Under the new *Technical Instructions*, sputum cultures and drug susceptibility testing for positive cultures are required for applicants with chest x-ray findings suggestive of active TB disease.

Referral for follow-up assessment may be required for all TB categories (other than Class B, latent TB). Completion of treatment is only required when the applicant is found to have Class A TB. If referral of the applicant to another doctor or facility is required, USCIS cannot accept Form I-693 unless Part 4 of the form has been completed by the doctor or facility to which the applicant was referred for follow-up assessment or treatment. However, if referral for further evaluation is only recommended, the adjudicator may accept Form I-693 even if Part 4 has not been completed.

(4) Vaccinations

(A) General. Section 212(a)(1)(A)(ii) of the Act requires all immigrant visa and adjustment of status applicants to establish that they have been vaccinated against certain vaccine-preventable diseases, including vaccinations recommended by the Advisory Committee on Immunization Practices (ACIP). The vaccination requirements became effective on September 30, 1996, with the enactment of the Illegal Immigration Reform and Immigrant Responsibility Act (IIRIRA) and apply with respect to all immigrant visa and adjustment of status applications filed on or after that date.

Section 212(g)(2) of the Act authorizes waivers in certain instances. For additional information about waiver provisions, refer to Chapter 41.3(b) of the AFM.

(B) Required Vaccinations. Section 212(a)(1)(A)(ii) of the Act specifies the following vaccinations:

- mumps, measles, rubella
- polio
- tetanus and diphtheria toxoids
- pertussis
- *Haemophilus influenzae* type b
- hepatitis B

The following vaccinations are currently recommended by ACIP and are therefore also required, as specified in the current ACIP recommendation:

- varicella
- influenza
- pneumococcal
- rotavirus
- hepatitis A
- meningococcal
- human papillomavirus
- zoster

The adjudicator should refer to the vaccination chart below and note the following guidelines when reviewing the vaccination record to determine whether an applicant is inadmissible because the applicant has not received a particular vaccine. If so, the adjudicator should determine whether the inadmissibility may be waived, because receiving the vaccine is “not medically appropriate.” The term “not medically appropriate” applies to vaccinations that are not age appropriate, where there is a medical contraindication, where there is an insufficient time interval, or when it is not the flu season.

- If the civil surgeon checks that all vaccination requirements have been met, yet information is missing from the vaccination record, the adjudicator should return the form to the applicant for corrective action.

- Applicants who have completed the initial DTP/DTaP/DT or Td/Tdap series should receive a Td or Tdap booster shot every 10 years. If the last dose was received more than 10 years ago, the applicant is required to have the booster shot before Form I-693 can be approved.
- The following vaccines are not medically appropriate (contraindication) during pregnancy:
 - Tdap (Td can be given)
 - OPV/IPV
 - MMR
 - Varicella
 - Meningococcal
 - Human Papillomavirus
 - Influenza
 - Zoster
- The following vaccines are not medically appropriate (contraindication) for applicants who are HIV positive or have an immunocompromised condition:
 - MMR
 - Varicella
 - Zoster
 - Rotavirus
 - OPV

Vaccination Chart¹

Form I-693 is acceptable if the applicant has received each of the required vaccinations, or if the civil surgeon has noted that the vaccination is not medically appropriate.

If a vaccine is not required, the applicant does not need a blanket waiver under section 212(g)(2)(B) of the Act. For example, a male is currently not required to have the HPV vaccination. The physician should annotate, in the vaccination chart in Form I-693, that the applicant is a male and that he is not required to get the HPV vaccination. The physician should not check any of the boxes in the "not medically appropriate" area because the male applicant is not inadmissible and does not need a blanket waiver. Or, for example, a person born before 1957 need not obtain an individual waiver of the MMR vaccine, since it is not required for someone born before 1957.

¹ This chart is updated based on ACIP's recommendation, dated January 2, 2009. All I-693s completed on or after April 1, 2009 need to comply with these recommendations. For I-693s that are completed prior to April 1, 2009, the adjudicator should refer to prior guidance.

For further updates, please check: <http://www.cdc.gov/vaccines>.

If the vaccine is required but receiving the vaccine is not medically appropriate, the applicant does require a blanket waiver under section 209(c) or 212(g)(2)(B) of the Act. As indicated in chapter 41.3(d)(3)(A) of this AFM, a separate waiver application is not required in order for an adjudicator to grant a waiver of the vaccination requirement as "not medically appropriate."

Age of Applicant	Age Appropriate Vaccinations (and required for immigration purposes)
Birth – 7 weeks	Hepatitis B
2 months – 5 months	DT, DTaP, or DTP OPV/IPV Hib Hepatitis B Pneumococcal (PCV) Rotavirus
6 months – 7 months	DT, DTaP, or DTP OPV/IPV Hib Hepatitis B Pneumococcal (PCV) Influenza (during flu season only) Rotavirus
8 months – 11 months	DT, DTaP, or DTP OPV/IPV Hib Hepatitis B Pneumococcal (PCV) Influenza (during flu season only)
12 months – 23 months	DT, DTaP, or DTP OPV/IPV MMR Hib Hepatitis B Varicella Pneumococcal (PCV) Influenza (during flu season only) Hepatitis A
2-4 years	DT, DTaP, or DTP OPV/IPV MMR Hib

	Hepatitis B Varicella Pneumococcal (PCV) Influenza (during flu season only)
5-6 years	DT, DTaP, or DTP OPV/IPV MMR Hepatitis B Varicella Influenza (during flu season only)
7-9 years	DT, DTP, DTaP, Td, or Tdap OPV/IPV MMR Hepatitis B Varicella Influenza (during flu season only)
10 years	DT, DTP, DTaP, Td, or Tdap OPV/IPV MMR Hepatitis B Varicella Influenza (during flu season only)
11-18 years	DT, DTP, DTaP, Td, or Tdap OPV/IPV MMR Hepatitis B Varicella Meningococcal HPV (females only) Influenza (during flu season only)
19-26 years	DT, DTP, DTaP, Td, or Tdap MMR Varicella HPV (females only)
27-49 years	DT, DTP, DTaP, Td, or Tdap MMR Varicella
50-59 years	DT, DTP, DTaP, Td, or Tdap MMR (if born in 1957 or later) Varicella Influenza (during flu season only)
60-64 years	DT, DTP, DTaP, Td, or Tdap MMR (if born in 1957 or later)

	Varicella Influenza (during flu season only) Zoster NOTE: Applicants 60 or over should receive either varicella or zoster, but are not required to have both.
65 – older	DT, DTaP, DTP, Td, or Tdap MMR (if born in 1957 or later) Varicella Pneumococcal (PPV) Influenza (during flu season only) Zoster NOTE: Applicants 60 or over should receive either varicella or zoster, but are not required to have both.

(f) Authorized Civil Surgeons. If Form I-693 has been endorsed by anyone other than a designated civil surgeon, it must be returned to the applicant for corrective action. A list of currently designated civil surgeons can be found on the USCIS public website, under Services and Benefits/Immigrant Medical Exams/Civil Surgeon Locator. AFM Appendix 23-1 of this field manual from the latest version of I-LINK also contains a link to the civil surgeon list.

The civil surgeon list maintained on the website is updated daily. The adjudicator should clarify any discrepancies through his or her local office and/or regional point of contact (POC), before the adjudicator issues a request for evidence (RFE). See AFM Chapter 83.4 for the procedures to be followed for granting and revoking civil surgeon designation.

4. Use

This memorandum is intended solely for the training and guidance of USCIS personnel in performing their duties relative to the adjudication of applications for adjustment of status. It is not intended to, does not, and may not be relied upon to create any right or benefit, substantive or procedural, enforceable at law by any individual or other party in removal proceedings, in litigation with the United States, or in any other form or manner.

5. Contact Information

Questions regarding this memorandum and USCIS policy regarding the medical examination of aliens may be directed to Roselyn Brown-Frei, Office of Policy & Strategy.

