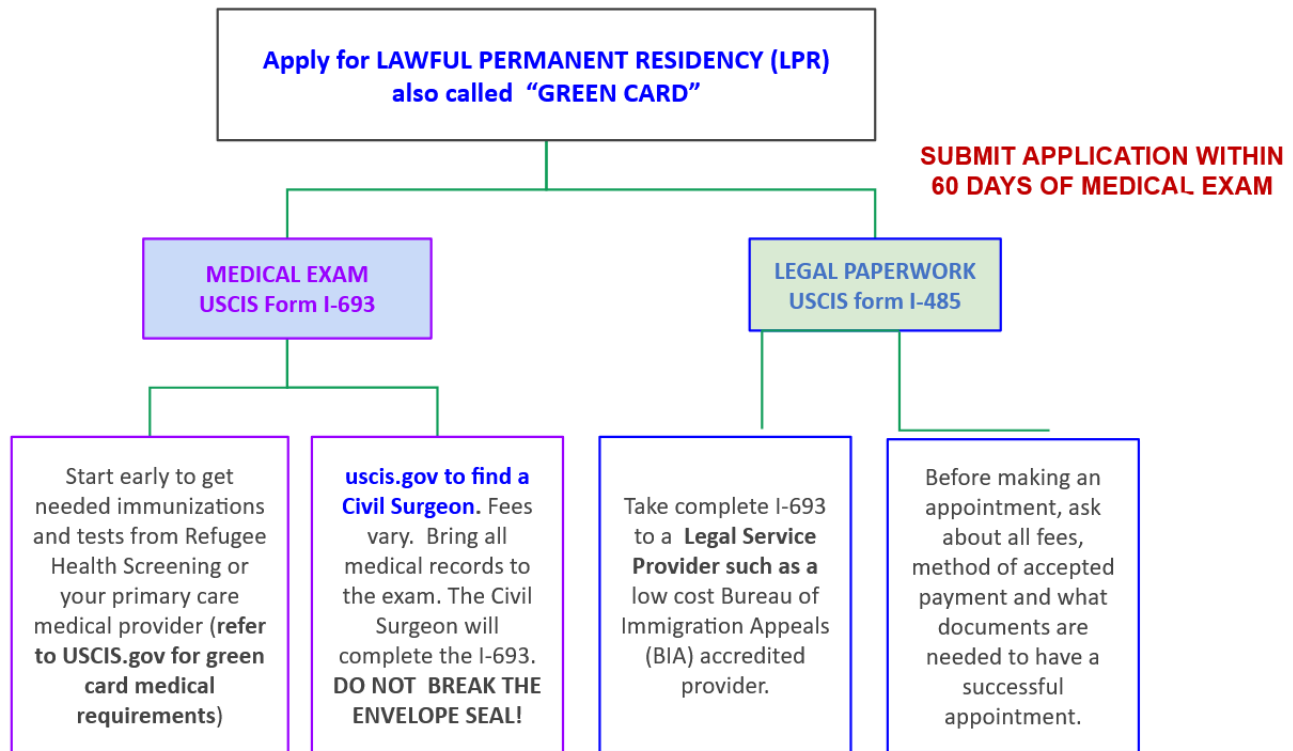


## Preparing and Scheduling your Green Card Medical Exam (I-693 form) -all locations



Health insurance does not cover the cost for the [I-693 medical exam](#) for your Green Card application. To reduce the costs have your vaccines updated and your medical record to show the Civil Surgeon who will complete the USCIS I-693 form.

1. Obtain your lab and immunizations records. See the chart below for the required labs tests and vaccines. Walgreens and CVS have some vaccines which can be administered by the pharmacist such as varicella, HepB, DTAP at reasonable prices.
2. Obtain updated lab tests for Syphilis, Tuberculosis, and Gonorrhea (current results are needed for the exam) from your regular doctor. Schedule an appointment with your medical provider for updated labs if needed so they are covered by your insurance.
3. Schedule an appointment with a "Civil Surgeon". Ask how much they charge and what it includes. Some clinics charge per test, for the paperwork, etc. Find a Civil Surgeon near you: <https://my.uscis.gov/findadoctor>
4. If you do not have insurance please go to <https://www.mybenefitscalwin.org/> for options. Otherwise you will have to pay out of pocket to the Civil Surgeon for any additional labs/immunizations that are needed to complete the exam. The exam itself along with the paperwork for immigration is not covered by insurance.

# VACCINES AND LAB TEST REQUIREMENTS FOR GREEN CARD MEDICAL EXAMS

## Medical Provider Reference Sheet

### I. 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   |   | NO         |  |             |   |
| Td/Tdap                     | NO  |   |   | Sometimes* | YES (substitute 1-time dose of Tdap for Td booster; then boost with Td every 10 years) |             |   |
| Polio** (IPV/OPV)           | NO  | YES   |   |            |  | NO          |   |
| Measles, Mumps, and Rubella | NO  |   | YES, if born in 1957 or later   |            |  |             | NO  |
| Rotavirus***                | NO  | Yes, 6 weeks to 8 months                      | NO  |            |  |             |   |
| Hib                         | NO  | YES, 2 through 59 months old                  |   | NO         |  |             |   |
| Hepatitis A                 | NO  |   | Yes, 12 through 23 months old   | NO         |  |             |   |
| Hepatitis B                 | Yes, through 18 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         |  |             | Yes, (administer either PCV or PPSV depending on vaccination history) |
| Influenza                   | NO, if less than 6 months old   |   | Yes, ≥ 6 months (annually when flu vaccine is available, ie. Oct-March) |            |  |             |   |
|                             | Laboratory evidence of immunity is acceptable for measles, mumps, rubella, hepatitis A, hepatitis B, polio, and varicella if the applicant lacks acceptable documented history or vaccination for these diseases. |   |   |            |  |             |   |

### II. Lab Tests to screen for Communicable Diseases of Public Health Significance

| Applicant Age | Birth to 2 Years     | 2 years to 14 years                                       | 15-64 years | 18-64 years         | ≥ 65 years |
|---------------|----------------------|---|-------------|---------------------|------------|
| Tuberculosis  | PPD - Mantoux method | QuantiFERON or T-spot (if positive, Chest X-Ray required) |             |                     |            |
| Syphilis      | not required         |   |             | RPR Serology        |            |
| Gonorrhea     | not required         |   |             | Gonorrhea TMA Urine |            |

SOURCE: CDC Technical Instructions for Civil Surgeons at <https://www.cdc.gov/immigrantrefugeehealth/exams/ti/civil/vaccination-civil-technical-instructions.html>

\* Children 7-10 years old sometimes need a dose of Tdap depending on their vaccine history. \*\* Please see posted Addendum to Technical Instructions for Panel Physicians for Vaccinations on CDC's website for changing guidance about polio vaccine. \*\*\* Rotavirus vaccination should not be initiated for infants aged 15 weeks 0 days or older. 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 (IPV=inactivated poliovirus vaccine (killed); OPV=oral poliovirus vaccine (live); Hib=Haemophilus influenzae type b conjugate vaccine; MenACWY=quadrivalent meningococcal conjugate vaccine; PCV=pneumococcal conjugate vaccine; PPSV=pneumococcal polysaccharide vaccine. This table describes vaccine requirements for U.S. immigrant visa and status adjustment applicants only 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.