



Questions and Answers

November 13, 2012

Civil Surgeon Seminars

In May and June 2012, USCIS hosted a series of seminars for civil surgeons to provide information about the immigration medical exam and answer questions. During the seminars, USCIS subject matter experts provided an overview of Form I-693, Report of Medical Exam and Vaccination Record and the immigration medical exam and shared information about the required assessments for communicable diseases of public health significance; vaccination requirements; mental and physical disorders with associated harmful behavior; and drug abuse and addiction.

The following are questions submitted by stakeholders before and during the seminars. The questions are divided by topic.

USCIS consulted with the Department of Health and Human Services' Centers for Disease Control and Prevention (CDC) in providing responses to these questions. Civil surgeons with other questions concerning the specific medical requirements provided in the *Technical Instructions for the Medical Examination of Aliens in the United States (Technical Instructions)* should contact the CDC directly at cdcinfo@cdc.gov.

Form I-693

Q1. Does Form I-693 have to be completed in all capital letters if it is handwritten or typed or both?

A1. No. USCIS will not reject Form I-693 for failure to use all capital letters (whether handwritten or typed). We suggest using all capital letters because it makes the form easier for the officer to review.

Q2. Is it acceptable to have part of the Form I-693 typed and part handwritten?

A2. Yes.

Q3. Can a civil surgeon accept an expired foreign passport or driver's license or an identity document issued by a foreign government as identification?

A3. Applicants should bring a government-issued photo identification to the immigration medical examination (i.e., valid, unexpired passport or driver's license). The [Technical Instructions](#) require civil surgeons to ensure that the person appearing for the medical examination is the person who is actually applying for the immigration benefits. If the applicant does not have a valid, unexpired government-issued photo identification, the civil surgeon should use his or her best judgment to determine whether the

ID presented is still acceptable to verify the individual's identity. If the civil surgeon has concerns about the ID presented, he or she may photocopy the ID and attach the photocopy, along with a statement detailing the concerns, to the applicant's Form I-693. If the civil surgeon does not believe the person appearing for the medical examination is the person actually applying for the benefit, then the civil surgeon should not proceed with the medical exam.

Q4. Should female applicants complete Form I-693 with their names or their husband's names?

A4. The applicant should use the applicant's legal name in Part 1 of Form I-693. If a married individual (whether male or female) has adopted a new surname, the individual should use that surname on the Form I-693.

Q5. Can a civil surgeon accept identification issued in an applicant's maiden name if she also provides a marriage certificate? How does the civil surgeon notate this if the Form I-693 is completed in her married name but the identity document is in her maiden name?

A5. Yes. A civil surgeon can accept government-issued identification that was issued in an applicant's maiden name if she also provides a marriage certificate. If a married applicant completes Part 1 of Form I-693 with a different name from the name on her government-issued identification, then the civil surgeon may note on the applicant's Form I-693 that the name in Part 1 is different from the ID presented because it is the applicant's married or maiden name. USCIS will gather and review the applicant's aliases as part of the adjudication of the adjustment of status application.

Note that, although the practice is not, currently, as common in the United States, the same principle applies if a man adopts a new name upon marriage.

Q6. Should the civil surgeon notify the government if he or she suspects that an applicant is presenting false identification?

A6. If a civil surgeon believes an applicant is presenting false identification, the civil surgeon should refuse to perform the immigration medical examination. Civil surgeons may, but are not required to, inform USCIS if they encounter individuals they believe have presented false identification.

Q7. How long does the civil surgeon need to maintain Form I-693 and supporting documents?

A7. USCIS does not currently require civil surgeons to retain Form I-693 for a specific period of time. However, the civil surgeon should be aware that medical retention requirements under other laws may apply.

Q8. Can the civil surgeon give an applicant more than one "original" Form I-693 in separate sealed envelopes if requested?

A8. No. The civil surgeon should only give the applicant one original Form I-693 in a single sealed envelope. The applicant should only receive a copy of the Form I-693. The form instructions require the civil surgeon to make two copies of the completed and signed Form I-693 and supporting documentation: one copy is for the civil surgeon's records and the other copy is for the applicant. The civil surgeon may provide several copies, but must provide only one sealed envelope with only one original.

Q9. If the applicant needs to revise the information on his or her Form I-693 after it has already been mailed to USCIS, can the civil surgeon issue another sealed Form I-693 with the changes? Should the civil surgeon date the revised Form I-693 with the date of the medical exam or the date the revisions were made?

A9. If the applicant's state of health has changed and the civil surgeon believes a previously submitted Form I-693 no longer accurately reflects the applicant's health conditions, then a revised Form I-693 may be submitted to USCIS. The civil surgeon should place the revised Form I-693 in a sealed envelope according to the form instructions, and give the envelope to the applicant for submission to USCIS. The

sealed envelope should be clearly marked to indicate that it should only be opened by USCIS officials. The civil surgeon or applicant should also inform USCIS that the Form I-693 requires updating and that a revised Form I-693 will be submitted. Civil surgeons can contact USCIS through their local civil surgeon coordinator or by emailing public.engagement@uscis.dhs.gov.

Q.10 If the applicant signs Part 1 of Form I-693 on one date and the civil surgeon signs Part 3 on a different date (after all of the test results are complete), will USCIS still accept the form?

A10. Yes. The applicant and civil surgeon do not need to sign Form I-693 on the same date. However, the applicant may not sign on a date after the civil surgeon. Form I-693 instructions specify that the applicant must sign the form in the presence of the civil surgeon, and the civil surgeon may only sign the certification after the medical exam is complete.

Q11. If a civil surgeon moves to another practice, how can he or she update the office address with USCIS?

A11. Civil surgeons should send all civil surgeon-related correspondence to their local USCIS field office. You can find the mailing address for your local USCIS field office on our [website](#). As an alternative, civil surgeons can send an email to public.engagement@uscis.dhs.gov.

Q12. Can a civil surgeon conduct immigration medical exams in two office locations? If so, does he or she have to apply for designation with the district office in each location?

A12. Yes. Civil surgeons may perform immigration medical examinations at more than one location if approved by the local USCIS office with jurisdiction. Civil surgeons should ensure that USCIS has updated contact information on all locations where the civil surgeon intends to perform immigration medical exams. Civil surgeons can review their contact information with USCIS by going to the public civil surgeon locator on our [website](#).

Q13. Can civil surgeons fax copies of forms to USCIS? If so, where should they be faxed?

A13. No. Civil surgeons should place completed Form I-693, Report of Medical Examination and Vaccination Record, in a sealed envelope according to the form instructions. The sealed envelope should be given to the applicant. The applicant typically submits Form I-693 in a sealed envelope with Form I-485, Application to Register Permanent Residence or Adjust Status.

Q14. How can physicians who are interested in becoming civil surgeons contact their local USCIS District Director to request designation?

A14. A physician interested in being designated as a civil surgeon by USCIS should send a letter to the District Director of their local USCIS office, requesting consideration. With the letter of request, the physician should also include the following:

- A copy of his or her current medical license in the state where the physician intends to perform immigration medical examinations,
- A current resume that shows four years of professional experience, not including a residency or training program,
- Proof of U.S. citizenship or lawful status in the United States, and
- Two signature cards showing the physician's name typed and the physician's signature below.

Visit our [website](#) for more information. Physicians can also find the mailing address of their local USCIS office through our [Office Locator](#).

Interpretation of the Technical Instructions

Note: USCIS is including answers to these medical questions only as a courtesy. You should still consult with the Centers for Disease Control and Prevention before checking here. If civil surgeons seek

clarification of these answers, or have any other questions concerning the specific medical requirements provided in the [Technical Instructions for the Medical Examination of Aliens in the United States](#), they should contact the CDC directly at cdcinfo@cdc.gov.

Communicable Diseases of Public Health Significance

Q15. If an applicant had a positive skin test with 11 millimeters (mm) of induration in May 2007, with a normal chest X-ray in October 2007, completed six months of latent tuberculosis infection (LTBI) treatment and has authentic documentation of all of the above, beside the Tuberculin Skin Test (TST) exception, does the applicant still need another chest X-ray or can this be omitted?

A15. Yes. An applicant that has written documentation of a TST reaction of 5mm or greater of induration must have a chest X-ray done at the time of the Form I-693 medical examination, even if they have evidence of previously normal chest X-ray, and previously completed INH preventive therapy.

Q16. If the civil surgeon orders a chest X-ray and extrapulmonary active tuberculosis (TB) does not appear on the X-ray, the civil surgeon's only option is to indicate on Form I-693 that the applicant is free of TB when this may not be true. To our knowledge, the Interferon Gamma Release Assay (IGRA) is the only test which will positively rule out all types of TB. Therefore, the Centers for Disease Control and Prevention (CDC) should require a purified protein derivative (PPD) or IGRA test first, and a follow up (IGRA test if the PPD is positive. The follow-up IGRA, if negative, would provide the same or better level of selectivity and specificity as did the initial PPD, and therefore obviate the necessity of ionizing radiation to clear an initial positive PPD. Why does CDC not require an IGRA following a positive PPD? Will CDC consider changing its requirements in accordance with the suggestion above?

A16. IGRA testing should be used as an aid in diagnosing M. tuberculosis infection. A negative IGRA does not rule out TB.

The November 2009 addendum to the Technical Instructions regarding IGRAs states, that either a TST (PPD) or IGRA, not both, should be performed as an initial test for cell-mediated immunity. Therefore, the civil surgeon can perform an IGRA as an initial test, unless the applicant presents at the civil surgeon office with evidence of a previously positive PPD. There is no requirement to perform a PPD (TST) rather than an IGRA as the initial test for cell-mediated immunity. The 2009 update is based on the CDC's recommendations for IGRA testing. The CDC will consider changing the TB Technical Instructions regarding this issue if recommendations for IGRA testing are substantially revised in relation to persons who are at increased risk for latent TB infection or progression to TB disease (the population screened by civil surgeons). Additional information is available on the CDC's website, www.cdc.gov.

Q17. Can CDC please clarify why it considers a clear flat plate following a positive PPD to be sufficient for total clearance on TB? There are many TBs which are extrapulmonary and therefore would not affect a chest PA flat plate. Even if it is clean, the applicant could still have active extrapulmonary TB.

A17. The Technical Instructions and the TB classifications on Form I-693 differentiate between pulmonary and extrapulmonary TB. The chest radiograph is performed to evaluate the applicant for pulmonary TB disease. See the instructions for evaluation for extrapulmonary TB on page 9 and pages 17-18 of the TB Technical Instructions.

Q18. A positive HIV status in an individual who has a positive PPD but a clear flat plate still mandates a diagnosis of latent TB. Therefore, knowing an applicant's HIV status is integral to properly categorizing an individual with a positive PPD/clear flat plate. Under CDC's current protocol, with no known HIV status (and therefore presumptively negative), a clear flat plate is conclusively negative. According to some expert opinions, a positive HIV status mandates a diagnosis of latent TB irrespective of a following

flat plate. Presumably this would also apply with regard to positive/negative status on an IGRA. Will CDC consider reinstating the HIV testing requirement for purposes of improving TB detection?

A18. No. The CDC is not considering reinstating the HIV testing requirement. As of Jan. 4, 2010, HIV infection is no longer defined as a communicable disease of public health significance. By regulation, HIV infection was removed from the list of inadmissible conditions for immigration purposes and from the scope of the immigration medical examination. If the applicant self-identifies as being HIV-infected, the requirements for chest radiography and recommendations for referral for latent TB infection treatment that are found in the civil surgeon TB Technical Instructions apply. Additional guidance on HIV for panel physicians and civil surgeons can be found on the CDC's website, www.cdc.gov.

Q19. The CDC Tuberculosis Technical Instructions state that X-ray evidence of active or inactive TB mandates health department referral. What about applicants treated in the past for active TB who have documentation of completing full recommended treatment, with discharge as "cured"? Many such applicants' current (and all future) chest films will not be "normal," but will show various sequelae (fibrosis, scarring, vague densities, etc.) which might be considered radiologic evidence of "inactive" TB. If such applicants' current X-rays can be proven (by comparison to prior films) to be stable or improved since discharge from their TB treatment, and if they have no symptoms or increased medical risks, must they be referred to our local health department for additional evaluation? Can CDC please describe what constitutes radiologic evidence of "inactive" TB?

A19. Regardless of the applicant's TB history, if the current chest X-ray is abnormal and suggestive of TB, the applicant must be referred to the health department for further evaluation. The health department TB Control Program will determine the type of TB evaluation (and at times, re-treatment) will be needed, if any. Therefore all previous chest radiographs and treatment records should be sent to the health department. [Appendix B in the TB Technical Instructions](#) contains the definitions of chest radiographic findings, including those that would suggest inactive TB.

Q20. According to the Technical Instructions, a single calcified granuloma on the film of an asymptomatic PPD-positive applicant need not mandate health department referral. What about two, three, or "several" calcified granulomas with or without radiologist's interpretation that they appear consistent with prior exposure?

A20. Multiple calcified granulomata, in the absence of other chest radiographic findings, do not require health department referral in an applicant lacking TB signs and symptoms.

Q21. If a pregnant applicant needs an X-ray, should the civil surgeon give her the option to have the chest X-ray during her pregnancy or automatically defer until after she has given birth?

A21. A pregnant applicant should be given the option to have the chest X-ray during her pregnancy or defer the X-ray until after delivery. Based on the CDC's Tuberculosis Component of Technical Instructions, if the applicant decides to undergo an X-ray during pregnancy, the possible risks of radiation to the fetus should be explained to her, and informed consent should be obtained and confirmed by having the applicant sign a consent form. If the applicant defers the radiograph until after delivery, the civil surgeon cannot sign the medical examination form until the radiograph is performed and interpreted, and treatment for Class A pulmonary TB disease, if needed, is completed. See page 12 of the [TB Technical Instructions](#).

Q22. Is it within the civil surgeon's discretion to accept results of a PPD or X-ray that were administered one month before the applicant's civil surgeon exam?

A22. The Technical Instructions require civil surgeons to ensure that the person appearing for the medical examination is the person who is actually applying for the immigration benefits. Therefore, civil surgeons cannot accept previously negative TST/IGRA results performed by another physician because they cannot verify that the TST/IGRA results actually belong to the individual applying for immigration benefits. However, written documentation of previously positive TST/IGRA results are acceptable as an exception

to the TB screening test requirement. Applicants with written documentation of previously positive TST/IGRA results are required to undergo a chest X-ray to make a TB determination. More information is available on the CDC's [website](#).

Q23. Can civil surgeons accept TST, Rapid Plasma Reagin (RPR) and X-ray results from a year ago and submit those records with Form I-693? Civil surgeons routinely do this and Form I-693 has never been rejected by USCIS. Do civil surgeons need to start doing these tests themselves?

A23. No. Civil surgeons cannot accept outside results from one year ago. They must order the required tests and ensure they are performed on the person who is actually applying for the immigration benefits. However, please see Q9 in this section regarding the TST/IGRA exception.

The immigration medical exam is intended to be a “snapshot” of the applicant’s medical status. Therefore, the chest X-ray results should be closely related in time to the physical examination. While there is no defined period of time during which a chest X-ray is “valid,” a chest X-ray or RPR from one year ago is not closely related in time to the physical exam and cannot be assumed to represent the applicant’s current health status.

Q24. If an applicant has had a previous positive PPD test, does the civil surgeon need to include with the Form I-693 package any previous proof of positive PPD to justify skipping the skin test and going straight to the chest X-ray or can the civil surgeon just document the previous positive PPD in the remarks section of Form I-693?

A24. No. The civil surgeon does not need to submit proof of written documentation of previously positive TST/IGRA results to USCIS. The civil surgeon only needs to check the appropriate box on Form I-693 to indicate that an exception to the TST/IGRA screening test applies. The civil surgeon should also note the reason for the exception in the Remarks section (i.e., written documentation of a previously positive TST or IGRA result). However, in order for the civil surgeon to do this, the applicant must present the written documentation to the civil surgeon as detailed on the CDC’s [website](#).

Q25. For applicants with a positive PPD or IGRA and an abnormal chest X-ray, civil surgeons often send a copy of Form I-693, page 4 to the local health department and receive a faxed copy of page 4 back from the health department. Can the civil surgeon submit a copy of page 4 to USCIS rather than sending the originals back and forth between the civil surgeon and health department?

A25. No. The civil surgeon should not submit a faxed page of Form I-693 as an original. If the civil surgeon needs to refer the applicant to the health department to determine whether the applicant has TB, the civil surgeon should complete section 5 of the Civil Surgeon Worksheet (Referral to Health Department or Other Doctor). The civil surgeon should also fill in his or her identifying information in Part 3 of Form I-693 except for the signature and date. The civil surgeon should make a copy of Form I-693 for his or her records, place the original in a sealed envelope, and give the envelope to the applicant with instructions to go to the health department for follow-up. The health care professional receiving the referral must fill out and sign section 6 of the Civil Surgeon Worksheet on the original Form I-693.

Q26. Some applicants with positive PPD results prefer to undergo IGRA testing rather than a chest X-ray because they believe that the PPD represents a false positive from having received Bacille Calmette–Guérin (BCG) vaccine. Is a chest X-ray required for these applicants in every case? Is it ever acceptable for the civil surgeon to disregard the initial positive PPD and order IGRA testing instead?

A26. No. The November 2009 addendum to the Technical Instructions regarding IGRAs states that the civil surgeon should not perform another type of cell-mediated immunity test to attempt to achieve a negative result if there is written documentation of a previously positive result. See the CDC’s [website](#) for more information. An applicant with a previously positive TST or IGRA result is required to undergo a chest X-ray. The Technical Instructions provide several reasons why a positive TST result is not necessarily because of a BCG vaccination. For example, tuberculin skin test conversion rates after BCG

vaccination may be much less than 100 percent and tuberculin sensitivity tends to decrease over time after the BCG vaccination. See page 11 of the [TB Technical Instructions](#) for additional information.

Q27. If an applicant is diagnosed with tuberculosis by the local health department and begins treatment, it will take approximately nine months before the applicant can provide the civil surgeon with the completed treatment statement from the health department. Should the civil surgeon repeat any testing such as RPR at that point or perform a new medical exam since the initial exam was nine months before.

A27. Applicants with infectious (Class A) pulmonary tuberculosis (TB) disease are required to complete a recommended course of treatment that typically lasts 6 months. Civil surgeons must not certify Form I-693 until required TB treatment is completed. See page 15 of the [TB Technical Instructions](#). Since the immigration medical exam is intended to be a “snapshot” of the applicant’s state of health, a new medical exam will likely be required at the end of the TB treatment program. As part of the new medical exam, civil surgeons should repeat any required screening tests, such as blood tests for syphilis, if it has been a year or more since the test was first performed by the civil surgeon.

Q28. In general, a PPD of 10 mm or greater with negative chest X-ray is considered latent tuberculosis, but for purposes of the immigration medical exam, the civil surgeon is required to order a chest X-ray for a PPD that is five mm or greater. If the chest X-ray is negative, should the civil surgeon indicate latent tuberculosis on Form I-693?

A28. There are two different TST “cut-off” measurements for the classification of “Latent Tuberculosis Infection (LTBI) Needing Evaluation for Treatment.” One is 5 mm and the other is 10 mm induration.

The 10 mm induration cut-off applies to applicants who:

- Are recent arrivals to the U.S. (arrived within the last five years) from countries with a high TB prevalence, and
- Have no evidence of TB disease, including a normal chest X-ray.

The 10 mm induration cut-off also applies to a second group that has been in the United States longer than five years but has other risk factors. See page 21 of the [TB Technical Instructions](#).

The criteria for the 5 mm induration cut-off are listed on pages 15 and 21 in the same TB Technical Instructions. Referral for evaluation for treatment of LTBI is recommended, but not required, after the civil surgeon discusses available LTBI treatment resources with the TB Control Program of the local health department.

Q29. If an applicant has a positive Quantiferon TB test with a negative chest X-ray, does the civil surgeon have to wait to sign Form I-693 until the applicant can get an appointment at the health department or can the civil surgeon make the decision is clear of tuberculosis and sign Form I-693?

A29. The civil surgeon may complete and sign Form I-693 if the applicant has no signs or symptoms of TB. If the applicant has TB signs or symptoms, referral to the TB Control Program of the local health department is required. A civil surgeon should use the TB classification of “Latent TB Infection (LTBI)” for an asymptomatic applicant—or an applicant not showing symptoms—who has a positive IGRA result and a current chest radiograph that shows no evidence of TB disease. The CDC recommends, but does not require, that civil surgeons refer asymptomatic applicants with a positive IGRA result and a negative chest radiograph, to the health department TB Control Program to be evaluated for treatment of LTBI, following the discussion of treatment resources with the TB Control Program. See the CDC’s [website](#) for additional information.

Q30. If a civil surgeon does not administer an IGRA test in his or her office, can he or she check the box in section 1.A.2 of the Civil Surgeon Worksheet to indicate that IGRA was not administered or should he or she leave it blank?

A30. One of the initial screening tests, TST or IGRA, must be performed as part of the civil surgeon examination unless an exception applies, as detailed on the CDC's [website](#). The civil surgeon may use either the TST or IGRA to perform the required initial screening test for tuberculosis. If the civil surgeon uses TST, then the IGRA section in section 1 of the Civil Surgeon Worksheet should be left blank. If the civil surgeon uses IGRA, then the TST section should be left blank.

Q31. If the civil surgeon does perform IGRA testing due to a patient's past history of positive TST, should he or she mark the box "Not administered, TST exception applies" or leave it blank and only complete the IGRA section?

A31. If the applicant presents written documentation of a previously positive TST (5 mm or greater of induration) or IGRA result, the civil surgeon should not administer another TST or IGRA screening test since the applicant qualifies for an exception to the screening test requirement. The applicant is required to get a chest X-ray, and the civil surgeon should not perform another type of cell-mediated immunity test (initial screening test) to attempt to achieve a negative result. See the CDC's [website](#) for additional information.

Q32. What is considered an exception for the TST or IGRA requirement?

A32. An applicant is exempt from required testing for cell-mediated immunity if he or she:

- Provides **written documentation** (with a health-care provider's signature) of a TST reaction of 5 mm or greater of induration.
 - For TST, the written documentation must include:
 - Date of the test,
 - Millimeters of induration,
 - Type of PPD used, and
 - The testing health-care provider's name, signature, and office information.

A verbal history from the applicant of a positive TST reaction is not acceptable.

- Has a history of a severe reaction with blistering to a previous TST.
- Provides **written documentation** (with a health-care provider's signature) of a previously positive IGRA. If more than one IGRA has previously been performed, the most recent result should be used.
 - The written documentation must include:
 - Date of the test,
 - Type of IGRA performed,
 - Test results including units of measurement, and
 - The testing health-care provider's name, signature, and office information.

A verbal history from the applicant of a positive IGRA result is not acceptable.

If one of the tests has previously been positive as described above, a chest radiograph is required. In this circumstance, the civil surgeon should not perform another type of cell-mediated immunity test (initial screening test) to attempt to achieve a negative result. See the CDC's [website](#) for additional information.

Q33. What are the guidelines for classification of latent tuberculosis infection with regard to the IGRA test? If the applicant has a positive Quantiferon test and a normal X-ray, should the civil surgeon consider the same criteria of recent arrival to U.S. (e.g. immuno-compromised, etc)?

A33. Yes. If the applicant has no signs or symptoms of TB disease, the same lists of criteria for LTBI treatment applies (e.g., arrival to the United States within the last five years from high-prevalence areas, HIV-infected persons, patients with organ transplants, other immunosuppressed patients). These applicants should be given the classification of “Latent TB Infection (LTBI) Needing Evaluation for Treatment.” The Technical Instructions recommend, but do not require, that civil surgeons refer asymptomatic applicants with a positive IGRA result and a negative chest radiograph to the health department TB Control Program for evaluation for treatment of LTBI, following discussion of treatment resources with that TB Control Program.

Q34. If a refugee receives a Request for Evidence from USCIS indicating that a TST should be performed with a chest X-ray, if necessary, but provides no other information, should the civil surgeon complete a full immigration exam or simply conduct the TST and X-ray if needed?

A34. Typically refugees only require the vaccination portion of the immigration medical exam because they have already completed a medical exam overseas. Refugees only need to undergo the entire immigration medical exam in the United States if a Class A medical condition was found during the overseas exam. A civil surgeon may verify a Request for Evidence (RFE) with USCIS if a RFE only indicates that the refugee should be screened for tuberculosis but no other aspects of the medical exam.

Q35. Does USCIS consider everyone with an HIV diagnosis to be immunosuppressed? If so, then everyone with HIV needs a chest X-ray for tuberculosis screening.

A35. Yes. According to the TB Technical Instructions, all individuals with HIV are considered immunosuppressed and therefore always require a chest X-ray regardless of their TST or IGRA result. See page 12 of the [TB Technical Instructions](#). Please note that these applicants must still undergo the initial screening test (either TST or IGRA, but not both) to determine if latent TB infection is present. HIV infection greatly increases the risk of latent TB infection progressing to TB disease. See Q23 for why HIV screening is not a required part of the immigration medical examination.

Q36. Why is HIV testing no longer a required part of the medical exam? Even though HIV is no longer a ground of inadmissibility, it is still highly communicable and a public health concern. Will CDC revisit this requirement?

A36. As of Jan. 4, 2010, HIV infection is no longer defined as a communicable disease of public health significance. By regulation, HIV infection was removed from the list of inadmissible conditions for immigration purposes and from the scope of the immigration medical examination. Therefore, HIV testing is no longer required as part of the immigration medical exam. However, civil surgeons may advise applicants about HIV testing if testing is clinically indicated. HIV infection should be noted on Form I-693 as a Class B, Other Medical Condition, in section 4 of the Civil Surgeon Worksheet. See the CDC’s [website](#) for more information. . Additional information about the regulation to remove HIV infection from immigration screening is also available on the CDC’s [website](#).

Q37. Why is active syphilis considered a Class A condition and mandated for testing, when it is so easily treated and cured, when HIV testing is no longer required ?

A37. See the response for Q23.

Q38. Is it the civil surgeon’s responsibility to perform a confirmatory test on a reactive RPR patient or can the civil surgeon refer this patient to the local health department for confirmatory testing?

A38. The Technical Instructions require civil surgeons to ensure that the person appearing for the medical examination is the person who is actually applying for the immigration benefits. The civil surgeon is responsible for all required testing; therefore, it is not recommended that the civil surgeon refer an applicant to another health care provider, including the local health department, for required testing. If an applicant is referred to another health care provider, the civil surgeon should ensure that the health care provider has appropriate fraud prevention measures in place.

Mental or Physical Disorders with Associated Harmful Behavior

Q39. Can USCIS or the Centers for Disease Control and Prevention (CDC) provide a list of pertinent questions that the civil surgeon can ask the patient in regards to the mental health status and drug abuse/dependency of the patient and determine whether he or she needs to be referred to a specialist?

A39. Concerning the required evaluation for mental disorders and substance-related disorders, the civil surgeon should follow the guidance provided in CDC's *Technical Instructions for Physical or Mental Disorders with Associated Harmful Behaviors and Substance-Related Disorders*, available in the [Technical Instructions for Physical or Mental Disorders with Associated Harmful Behaviors and Substance-Related Disorders](#).

Page 4 describes the role of the civil surgeon regarding physical and mental disorders with associated harmful behavior and substance-related disorders, and indicates that the civil surgeon will carry out a mental health evaluation. Page 8 provides specific guidance regarding the mental health examination and indicates that the civil surgeon should begin by asking questions about the applicant's past medical history. When possible, the civil surgeon should obtain other relevant records to fully investigate the applicant's past medical history, such as police, military, school, and employment records, that might provide a history of harmful behavior associated with physical or mental disorders. The civil surgeon should also ask about mental disorders in the family and, when appropriate, about signs of mental problems or odd behaviors. They should ask about any use of drugs and medicines, and about harmful behaviors.

While not provided in the Technical Instructions, these are three questions that the civil surgeon may want to consider asking every applicant:

1. Do you or have you ever had thoughts about harming yourself or others? Have you ever taken any actions based on these thoughts?
2. Do you currently or have you ever used alcohol or any other substances?
3. Are you currently on any medications or have you ever been on any medications including herbal supplements, vitamins, or any other substances?

Q40. If the civil surgeon chooses to refer the applicant to a specialist to determine if he or she has any physical or mental disorders with associated harmful behavior, can the specialist be any mental health specialist?

A40. The *Technical Instructions for Physical or Mental Disorders with Associated Harmful Behaviors and Substance-Related Disorders* does not specifically state the type of mental health specialist the civil surgeon must use for referring applicants. However, the CDC recommends that the mental health specialist be a licensed psychologist or psychiatrist.

The CDC also recommends that the civil surgeon:

- Identify a mental health specialist to use for referrals,
- Ensure that the specialist is familiar with what is needed in support of the Form I-693 and immigration medical examination, and
- Provide the reason for referral (to address the determination of a mental disorder diagnosis and information regarding associated harmful behavior) to the specialist.

The civil surgeon also remains responsible for completing the Form I-693 medical examination form.

Drug Abuse or Drug Addiction

Q41. If an applicant was previously addicted to heroin, was treated and is currently attending Alcoholics' and Narcotics Anonymous meetings, has had no relapses for 6 months, current drug tests are negative and the applicant's treatment counselor has sent a letter stating he has made progress, should the civil surgeon indicate Class A or B on Form I-693?

A41. According to the CDC's Technical Instructions sustained, full remission is defined as a period of at least 12 months during which no substance use has occurred. Therefore, the applicant cannot be considered as currently in remission, and should be classified as Class A for drug addiction. For more information on remission, see pages 14-15 of the CDC's [Technical Instructions for Physical or Mental Disorders with Associated Harmful Behaviors and Substance-Related Disorders](#).

Q42. What is a civil surgeon's responsibility if he or she suspects that an applicant is being dishonest about his or her drug use?

A42. If the civil surgeon believes the applicant is not being truthful about his or her drug use, the civil surgeon may either:

- Decline to certify Form I-693, or
- Perform random drug screening according to the CDC's [Technical Instructions for Physical or Mental Disorders with Associated Harmful Behaviors and Substance-Related Disorders](#). (See pages 11-12 for specific information.)

Regarding random drug screening, the CDC's *Technical Instructions for Physical or Mental Disorders with Associated Harmful Behaviors and Substance-Related Disorders* states that random screening for drugs is not part of the routine medical examination for applicants seeking admission into the United States. The civil surgeon needs to evaluate each particular applicant's history, behavior, and physical appearance when determining if drug screening should be performed. As outlined in Table 1 of the Technical Instructions, an indicator for laboratory drug screening includes evidence of unreliable or false information given during the interview or examination.

Vaccination Requirements

Q43. Please confirm that the civil surgeon is responsible for providing at least one dose of each required vaccine as part of the immigration medical exam.

A43. According to the CDC's Vaccination Technical Instructions, all adjustment of status applicants must be assessed for vaccination requirements. More information is available on the CDC's [website](#). Please see the Table at the bottom of the Web page.

The required vaccines are based on the applicant's age at the time of the medical evaluation. An applicant only needs to receive a single dose of the age appropriate vaccine(s) that are not medically contraindicated and that have no valid documentation of previous immunization.. If a single dose of a vaccine is required and given, and the vaccine is one in which a series of doses is required to complete the series and the single dose given does not complete the series, then the 'insufficient interval' box should also be checked by the civil surgeon on Form I-693.

Q44. Are vaccination records in a language other than English considered valid for purposes of Form I-693?

A44. Yes, a civil surgeon may accept vaccination records in a language other than English. The Technical Instructions state that it is the applicant's responsibility to provide reliable English translations of all records to the civil surgeon. See <http://www.cdc.gov/immigrantrefugeehealth/exams/ti/civil/vaccination-civil-technical-instructions.html#assessment>. Civil surgeons should use their best judgment in determining whether translations provided by the applicant are sufficient and credible enough to be considered part of the applicant's medical history.

Q45. Can applicants between the ages of 10 and 64 receive only the Tetanus-Diphtheria (Td) or is Tetanus-Diphtheria-Pertussis (Tdap) required?

A45. Based on the current Advisory Committee on Immunization Practices' (ACIP) recommendations, the Vaccination Technical Instructions indicate that individuals between the ages of 10 and 64 should be given the Tdap vaccine instead of Td in specific situations. For further details, refer to the ACIP age-appropriate immunization schedules and their footnotes at <http://www.cdc.gov/vaccines/schedules/index.html>.

Q46. If a child comes to his or her immigrant medical exam having had no vaccinations following a reaction to the oral (live) polio virus vaccination as an infant, should the civil surgeon start catch-up vaccinations that are age appropriate based on CDC or ACIP guidance, such as Human papillomavirus (HPV), meningococcal, inactivated polio and hepatitis B?

A46. The HPV vaccine has not been required for immigration applicants since 2009 (see <http://www.cdc.gov/immigrantrefugeehealth/exams/ti/civil/vaccination-civil-technical-instructions.html>). The civil surgeon should follow the guidance provided in the Vaccination Technical Instructions to determine the required vaccines based on the applicant's age at the time of their medical examination. The Vaccination Technical Instructions also provide a table of the required vaccinations based on the applicant's age at the time of the medical examination at <http://www.cdc.gov/immigrantrefugeehealth/exams/ti/civil/vaccination-civil-technical-instructions.html#tbl1>. Additionally, the civil surgeon should refer to the ACIP's current routine vaccination schedule that is appropriate for the applicant's age and follow the recommendations for "all children." For U.S. immigration purposes, at the time of their medical examination, the applicant only needs to receive a single dose of the age appropriate vaccine(s) that are not medically contraindicated and that have no valid documentation of previous immunization.. If an applicant needs a vaccine that requires a series of doses and has only received a single dose of a vaccine then the 'insufficient interval' box should also be checked by the civil surgeon on Form I-693.

Note: The type of reaction following the oral polio vaccination is not specified in the submitted question. Severe allergic reaction (anaphylaxis) to a vaccine component, or following a previous dose of vaccine, is a contraindication to further doses of that vaccine.

Q47. Can a civil surgeon perform a pregnancy test on a female applicant with menses two weeks late and, if negative, give live vaccines?

A47. The Vaccination Technical Instructions do not contain information on pregnancy testing. They do not indicate that a pregnancy test must be performed on female applicants in order to determine whether live vaccines may be given. They also do not prohibit pregnancy testing. The civil surgeon should use his or her discretion to determine if pregnancy testing is appropriate for a particular applicant in order to provide the required vaccines.

Q48. The latest 2012 ACIP recommendations state that Td is probably safe at any time in pregnancy but to be on the safe side wait until 20 weeks unless there is an issue earlier in pregnancy like a wound which needs tetanus prophylaxis. Consequently, it seems that the CDC recommendations are a bit off since the second trimester starts at around 13 weeks from the patient's last menstrual period (LMP). It would be very rare and extremely unusual for a civil surgeon to be treating a first trimester pregnant applicant for a wound needing tetanus prophylaxis at the same time as her immigration medical exam. Are CDC's requirements in the Technical Instructions accurate?

A48. The Vaccination Technical Instructions are accurate and provide that pregnancy is a contraindication for receiving live attenuated vaccines for MMR, varicella, and intranasal influenza vaccines. The 2012 CDC and ACIP guidance for Tdap advises administration after 20 weeks gestation but does not cite safety as the reason.

Please see the excerpts below from references cited in the Vaccination Technical Instructions:

(1) Guidelines for Vaccinating Pregnant Women, last updated July 30, 2012 (<http://www.cdc.gov/vaccines/pubs/preg-guide.htm>), lists vaccination contraindications and precautions:

Tetanus, Diphtheria, and Pertussis (Tdap); & Tetanus and Diphtheria (Td)

- Pregnant women who have not been previously vaccinated with Tdap should get one dose of Tdap during the third trimester or late second trimester (after 20 weeks gestation). If not administered during pregnancy, Tdap should be administered immediately postpartum.
- Available data does not suggest any elevated frequency or unusual patterns of adverse events in pregnant women who received Tdap and that the few serious adverse events reported were unlikely to have been caused by the vaccine.
- Unknown or Incomplete Tetanus Vaccination: To ensure protection against maternal and neonatal tetanus, pregnant women who never have been vaccinated against tetanus should receive three vaccinations containing tetanus and reduced diphtheria toxoids. The recommended schedule is 0, 4 weeks and 6 to 12 months. Tdap should replace 1 dose of Td, preferably during the third or late second trimester of pregnancy (after 20 weeks gestation) of pregnancy.
- Providers are encouraged to report administration of Tdap to a pregnant woman, regardless of trimester, to the appropriate manufacturer's pregnancy registry: for Adacel® to sanofi pasteur, telephone 1-800-822-2463 and for Boostrix® to GlaxoSmithKline Biologicals, telephone 1-888-825-5249.

(2) Recommended Adult Immunization Schedule-United States-2012, released February 2012 (<http://www.cdc.gov/vaccines/schedules/downloads/adult/adult-schedule.pdf>), states in its footnotes:

Tetanus, diphtheria, and acellular pertussis (Td/Tdap) vaccination

- Tdap is specifically recommended for the following persons: pregnant women more than 20 weeks' gestation.
- Pregnant women not vaccinated during pregnancy should receive Tdap immediately postpartum.

Q49. If the civil surgeon defers giving the Tdap vaccine to an applicant in the first or second trimester of her pregnancy, should he or she sign Form I-693, check the box for the blanket waiver and note that there were contraindications?

A49. The Vaccination Technical Instructions do not state that pregnancy is a contraindication for receiving the Tdap vaccine. Therefore, if a civil surgeon defers giving the Tdap vaccine to the applicant because they are pregnant, the civil surgeon should not indicate that there was a contraindication to the Tdap vaccine and should not sign the Form I-693. The civil surgeon must wait until the Tdap vaccine is given to the applicant before he or she can complete and sign the Form I-693. The Vaccination Technical Instructions refer the civil surgeon to the contraindications and precautions for pregnant women at <http://www.cdc.gov/vaccines/pubs/preg-guide.htm>. The Technical Instructions also refer the civil surgeon to the ACIP schedules. The Recommended Adult Immunization Schedule-United States-2012 (released February 2012) is available at <http://www.cdc.gov/vaccines/schedules/downloads/adult/adult-schedule.pdf>. The footnotes section of the schedule contains helpful information regarding vaccinating pregnant women.

Q50. Many applicants are unable to obtain their vaccination records from other countries. In lieu of a vaccination record with exact dates and vaccinations received, can the civil surgeon consult the World Health Organization website for to determine what mandatory vaccines an applicant would have received for that country if it is apparent that the applicant would have received those vaccines (e.g. if the applicant is a physician, he or she would have attended school in the home country and received the mandatory vaccinations). In this scenario, is checking the box marked vaccinations without listing a date acceptable?

A50. No. For purposes of the mandated immigration examination, it is not acceptable to consult the World Health Organization's website and document vaccines that an applicant has probably, but not definitely, received. The civil surgeon must have written documentation of an applicant's previous vaccination history in order to annotate such vaccines as being received in the Vaccination Record in Form I-693. According to the Vaccination Technical Instructions, only records of vaccine doses that include full dates of receipt (month, day, and year) are acceptable. Additionally, the vaccine record must not appear to have been altered and dates of vaccinations should seem reasonable. A civil surgeon should use his or her best judgment to determine whether the written documentation of the applicant's vaccination history is acceptable. Self-reported doses of vaccines without written documentation are not acceptable. See <http://www.cdc.gov/immigrantrefugeehealth/exams/ti/civil/vaccination-civil-technical-instructions.html#assessment>.

Q51. Form I-693 notes that the influenza vaccine should be given from October 1 to March 31, but CDC's website lists flu season as October 1 to May 31. Is there guidance on when the influenza season has started or ended? Is this an instance when we should be using our state specific epidemiological data to guide this decision?

A51. To clarify, CDC's Seasonal Influenza Q&A (<http://www.cdc.gov/flu/about/season/flu-season-2011-2012.htm>) state: "The timing of flu is very unpredictable and can vary from season to season. Flu activity most commonly peaks in the U.S. in January or February. However, seasonal flu activity can begin as early as October and continue to occur as late as May."

As the timing of flu is unpredictable and can vary from season to season, USCIS requires civil surgeons each year to administer the influenza vaccine to immigrant applicants from Oct. 1 through March 31, as stated on Form I-693. Civil surgeons should administer the flu vaccine to those individuals who require it if the immigration medical exam is conducted during flu season as defined by USCIS. Use of state epidemiological data could result in a delay in application processing if the applicant does not receive the required vaccine. According to the Technical Instructions, all individuals 6 months and older are required to receive the flu vaccine if the immigration medical exam is conducted during the flu season, unless they have a specific contraindication to flu vaccine.

Q52. Since tetanus is a recurring vaccine, if someone is up to date on his or her tetanus immunization should the civil surgeon check "insufficient time interval" or "complete" on page 5 of the I-693?

A52. The Technical Instructions do not address the issue of how to check Form I-693 when recurring vaccines, such as tetanus, are currently up-to-date. Future doses of tetanus will be required, even though they are not part of a "vaccine series," and the civil surgeon may check "insufficient time interval" after administering a single dose of tetanus vaccine during the medical examination.

Q53. What recourse is available if USCIS returns Form I-693 and asks for vaccination dates for vaccines that are not required for the specific age group (e.g. a USCIS officer asking for the meningitis/pneumococcal and hepatitis A vaccine dates for a 31-year-old applicant)?

A53. If the civil surgeon would like to request more information about why Form I-693 was returned by USCIS, or believes Form I-693 may have been returned in error, the civil surgeon may contact public.engagement@uscis.dhs.gov. If the Request for Evidence (RFE) accompanying a returned Form I-693 was sent by a USCIS Service Center, civil surgeons can contact Service Center Operations directly at SCOPSSCATA@uscis.dhs.gov.

Q54. If the applicant refuses to receive the required vaccinations, and the civil surgeon checks the box labeled "Applicant does not meet immunization requirements," with the remarks that he or she is filing the application for waiver, can the civil surgeon then sign page 1 of Form I-693?

A54. If the applicant refuses to receive the required vaccinations on religious or moral ground, then the civil surgeon should check the Results box labeled "Applicant will request an individual waiver based on religious or moral convictions." If the applicant refuses to receive the required vaccinations for any other reason, the civil surgeon should check the Results box labeled "Applicant does not meet immunization requirements." In either case, the civil surgeon can certify Form I-693 by signing in Part 3, Civil Surgeon's Certification, at the end of the immigration medical exam. The civil surgeon may wish to inform the applicant that failure to meet the vaccination requirement may cause the applicant's immigration benefit application to be denied (e.g. adjustment of status application).

Q55. If a vaccine is contraindicated during pregnancy, does the applicant have to return to the civil surgeon after she gives birth if she hasn't yet had her adjustment of status interview?

A55. No, pregnant applicants do not need to return to the civil surgeon after giving birth to receive vaccinations contraindicated during pregnancy.

Q56. Can civil surgeons negotiate vaccine prices as a group, to lower the cost of these expensive vaccines?

A56. Neither USCIS nor CDC currently regulates the fees associated with immigration medical examinations in the United States. Civil surgeons are not prohibited from negotiating vaccine prices as a group.

Q57. Many applicants come to a civil surgeon requesting only the vaccination portion of the medical exam. Is there a way for the civil surgeon to determine whether the applicant falls within one of the groups that are exempt from the full medical exam (e.g. refugee, asylee, K or V nonimmigrant visa holder within one year of the overseas exam with no Class A conditions). Is the applicant required to show the civil surgeon Form I-94 or other document showing his or her immigration status?

A57. No. Generally, applicants are not required to verify their immigration status to the civil surgeon. The applicant is only required to verify his or her identity by providing a government-issued photo identification. USCIS will confirm whether the applicant's immigration status and previous immigration medical examinations overseas only require the applicant to complete the vaccination portion of the medical exam in the U.S. Therefore, if the applicant believes he or she only needs a vaccination assessment, the civil surgeon may perform just the vaccination portion of the medical exam and complete pages 1 and 5 of Form I-693. If USCIS determines that the applicant requires the full medical exam, then USCIS will return Form I-693 to the applicant with the appropriate instructions.

An exception exists for refugees adjusting status: the CDC's Vaccination Technical Instructions state that a civil surgeon must verify a refugee's status by obtaining the applicant's Form I-94 (Arrival-Departure Record) to determine whether he or she was admitted to the United States as a refugee under the Immigration and Nationality Act, (INA) Section 207. The civil surgeon must verify that the Form I-94 belongs to the applicant by comparing it with other identification documents, keeping in mind that many refugees might not have passports.

Other Questions

Q58. Are pelvic exams, pap smears, and gonorrhea and chlamydia tests recommended as part of the immigration medical exam?

A58. Yes. The CDC's Technical Instructions specify that the medical examination must include a physical examination that includes, at a minimum an examination of the eyes, ears, nose and throat,

extremities, heart, lungs, abdomen, lymph nodes, skin and external genitalia. The Technical Instructions also state that for sexually transmitted diseases (STDs) other than syphilis, the medical history and physical examination must include a search for symptoms or lesions consistent with chancroid, gonorrhea, granuloma inguinale, or lymphogranuloma venereum. Further testing should be done as necessary to confirm a suspected diagnosis. There are separate instructions for the syphilis evaluation portion of the examination. An inspection of the external genital area is required because several STDs are included among the medical conditions that may make an individual inadmissible to the United States. See the medical history and physical examination component of the Technical Instructions on the CDC website at:

<http://www.cdc.gov/immigrantrefugeehealth/exams/ti/civil/technical-instructions/civil-surgeons/medical-history-physical-examination.html>.

The Technical Instructions do not require or recommend Pap smears. Routine chlamydia testing also is not required. However, the Technical Instructions recommend civil surgeons to the CDC's Sexually Transmitted Disease Treatment Guidelines (<http://www.cdc.gov/std/treatment/2010/toc.htm>). This guideline recommends gonococcal treatment which is also effective against chlamydia because of high rates of co-infection.

Q59. Can a civil surgeon with two offices with different tax ID numbers perform immigration medical exams using either tax ID number?

A59. A tax ID number is not required information on Form I-693. Physicians who are designated as civil surgeons should only perform immigration medical examinations out of the office that is on record with USCIS. A civil surgeon who has moved to a new office location or would like to add additional offices, should contact his or her local field office coordinator or email public.engagement@uscis.dhs.gov. To verify which office(s) are on record with USCIS, civil surgeons may check the public civil surgeon locator at https://egov.uscis.gov/crisgwi/go?action=offices.type&OfficeLocator.office_type=CIV.

Q60. Can civil surgeons conduct immigration medical exams for children?

A60. Yes. Civil surgeons may perform immigration medical examinations on children. If a civil surgeon does not feel comfortable performing the medical exam on a child, the civil surgeon may refer the applicant to another civil surgeon.

Q61. Is pregnancy considered a Class B condition?

A61. No. Pregnancy should not be annotated as a Class B condition on Form I-693. However, pregnancy may be indicated in the Remarks section of the Vaccination Record, to explain why certain vaccines are contraindicated (see <http://www.cdc.gov/vaccines/pubs/preg-guide.htm>).

Q62. Should civil surgeons classify as Class B conditions all patients with hypertension, diabetes and other such conditions regardless of how well-managed the condition is?

A62. Other Medical (Class B) Conditions are conditions that significantly deviate from normal health or well-being. Hypertension and diabetes are examples of Class B Other conditions, despite their degree of current control or management. Regarding the immigration medical examination and completion of Form I-693 as it relates to Other Medical (Class B) Conditions, please refer to the section of the Technical Instructions entitled, *Other Physical or Mental Abnormality, Disease or Disability*, which is available at <http://www.cdc.gov/immigrantrefugeehealth/exams/ti/civil/technical-instructions/civil-surgeons/required-evaluation-components/other-disease-disability.html>. As stated in this section, it is important to comment on the severity of the disease on the applicant's Form I-693.. It is also helpful to comment on current medication, any previous complications, and prognosis.

If identified, the Other Medical (Class B) condition should be indicated in section 4 of the Civil Surgeon Worksheet on page 4 of Form I-693. The box for Class B Conditions should also be checked in Part 2,

Summary of Medical Examination Findings, on page 1 of Form I-693. If no Other Medical (Class B) condition is identified, the civil surgeon should write “none” in section 4 of the Civil Surgeon Worksheet.

Q63. Is an echocardiogram a required part of the immigration medical exam if the patient has cardiomegaly, atherosclerotic changes on the chest X-ray, systolic murmur and abnormal lung sounds?

A63. The civil surgeon does not necessarily need to order an echocardiogram for an applicant with these conditions, or pursue further treatment or evaluation for purposes of the immigration medical examination. However, as a matter of good practice, the civil surgeon should advise the applicant to seek treatment or further evaluation regarding medical conditions discovered in the course of the immigration medical examination, if doing so would be practical. See the section of the Technical Instructions entitled, *Management of Medical Conditions not Related to the Medical Exam*, available at: <http://www.cdc.gov/immigrantrefugeehealth/exams/ti/civil/technical-instructions/civil-surgeons/medical-history-physical-examination.html>.

However, the Technical Instructions do require the civil surgeon to annotate any medical conditions that significantly deviate from normal health or well-being in section 4 of the Civil Surgeon Worksheet on page 4 of Form I-693. These conditions are considered Class B conditions. In this respect, the Technical Instructions do require the civil surgeon to complete any diagnostic procedures necessary to determine the likely diagnosis of the condition. For example, whether the condition will affect the applicant’s ability to care for him or herself, attend school, hold a job, or engage in other age-appropriate activities. The civil surgeon will also determine whether rehabilitation or special training will be required and whether the applicant is likely to require extensive medical care or institutionalization in the United States. See <http://www.cdc.gov/immigrantrefugeehealth/exams/ti/civil/technical-instructions/civil-surgeons/required-evaluation-components/other-disease-disability.html>.

Q64. When determining whether an applicant is a recent arrival to the U.S., should the civil surgeon consider the applicant’s travel back to his or her home country or another country? For example, if a patient arrived in the U.S. from India 10 years ago but returns to India annually to visit, would he or she be considered a recent arrival to the U.S.?

A64. Recent arrival refers to when an applicant first arrived in the United States. It does not apply to an applicant’s recent return to the U.S. after being outside of the U.S. for a visit.

Communicating with USCIS and CDC

Q65. How can civil surgeons contact CDC with a question that is not addressed in the Technical Instructions?

A65. Civil surgeons can contact the CDC directly with medical questions about the immigration medical examination at cdcinfo@cdc.gov.

Q66. How can civil surgeons contact their local USCIS civil surgeon coordinator?

A66. Civil surgeons should send all civil surgeon-related correspondence to their local USCIS field office. You can find the mailing address for your local USCIS field office at https://egov.uscis.gov/crisgwi/go?action=offices.type&OfficeLocator.office_type=LO. Alternatively, civil surgeons can also email public.engagement@uscis.dhs.gov.