

I-693 Form PDF

Applicant Information

- Name: _____
- A-Number: _____
- Country of Birth: _____
- Date of Entry into U.S.: _____

Vaccination Record

- Vaccines Received: _____
- Date: _____
- Administered By: _____

Medical Examination Results

- **Table: Conditions Screened**

Condition	Test	Result	Date

Certification

- **Civil Surgeon's Signature:** _____
- **Date:** _____