

Required Medical Documentation for USCIS

Full Name:

Date of Birth:

Alien Registration Number (A-Number):

Civil Surgeon/Doctor's Name:

Immunization/Vaccination Record:

Choose File

No file selected

Tuberculosis Test Results:

Choose File

No file selected

Form I-693 (Report of Medical Examination and Vaccination Record):

Choose File

No file selected

Additional Supporting Medical Documents:

Choose File

No file selected

Submit