

# Instructions for Report of Medical Examination and Vaccination Record

**Department of Homeland Security**U.S. Citizenship and Immigration Services

USCIS Form I-693 OMB No. 1615-0033 Expires 01/31/2015

# **Section I. Applicant's Instructions**

## What is the Purpose of this Form?

Form I-693 is used to report results of a medical examination to U.S. Citizenship and Immigration Services (USCIS). The examination is required to establish that you are not inadmissible to the United States on public health grounds. A list of those health grounds can be found in section 212(a)(1) of the Immigration and Nationality Act (INA). The list is also available in **Question 9** of Section III of these instructions under Frequently Asked Questions.

The results of your medical examination are confidential and are used for immigration purposes only. When required to do so by law, the civil surgeon may share your results with public health authorities.

**NOTE:** If you are applying for adjustment of status as a refugee, an asylee dependent, or as a "K" or "V" nonimmigrant visa holder, see **Questions** 2 - 5 in Section III, Frequently Asked Questions, before proceeding any further.

## **How Do I File Form I-693?**

A separate Form I-693 is required for each applicant. There is no filing fee for this form.

- 1. Carefully read all these instructions, including Section III, Frequently Asked Questions.
- 2. Call a designated physician (also known as a civil surgeon) to make an appointment.
- **3.** Fill out **Part 1** of the form. **Do not sign the form until the civil surgeon tells you to sign.** You must sign Form I-693 in the presence of the civil surgeon.
- 4. Attend your medical exam appointment and all follow-up exams, as may be required.
- **5.** The civil surgeon is required to give you the completed Form I-693 in a sealed envelope. Do not accept the form from the civil surgeon if it is not in a sealed envelope. USCIS will return the form to you if it is not in a sealed envelope or if the envelope has been opened or altered. Submit Form I-693 in the sealed envelope to USCIS.
  - **a. If you are applying for adjustment of status**, submit Form I-693 according to the instructions on Form I-485, Application to Register for Permanent Residence or Adjust Status.
  - **b. For all other applicants,** follow the instructions on or included with the application form or the instructions given to you by the office requesting the medical exam.

**NOTE:** The civil surgeon will ask you to verify your identity. Take a government-issued photo identification to your appointment (example: your valid unexpired passport or driver's license). For applicants under 14 years of age, USCIS will accept other proof of identity that shows name, date and place of birth, parents' full names, and any other identifying information about the applicant. Acceptable documents include birth certificates (with translations, if necessary) or affidavits. Also take any vaccination records you may have to the appointment.

## How Do I Find a Designated Civil Surgeon in the Area Where I Live?

To find a designated civil surgeon in your area, you can call the USCIS National Customer Service Center (NCSC) at 1-800-375-5283 and follow the instructions in the automated menu. Service is available in English and Spanish. A list of the designated civil surgeons in your area can also be generated by going to <a href="www.uscis.gov">www.uscis.gov</a> and clicking on "Find a Medical Doctor (Civil Surgeon)" under Customer Tools: Before I File.

## **General Instructions**

Each application or petition must be properly signed and filed. A photocopy of a signed application or a typewritten name in place of a signature is not acceptable.

**Copies.** Unless specifically required that an original document be filed with an application or petition, a legible photocopy may be submitted. Original documents submitted when not required may remain a part of the record, and will not be automatically returned to you.

**Translations.** Any document containing a foreign language submitted to USCIS must be accompanied by a full English language translation which the translator has certified as complete and accurate, and by the translator's certification that he or she is competent to translate from the foreign language into English.

## **How to Fill Out My Portion of Form I-693**

- 1. Use black ink only. Type or print clearly. If an item does not apply to you or the answer is "none", leave the space blank.
- 2. If you need more space to complete an answer, use a separate sheet of paper. Write your name and Alien Registration Number (A-Number), if you have one, at the top of each sheet and indicate the number of the item to which your answer refers.
- **3.** You must fill out only Part 1 and identifying information at the top of each page. The civil surgeon and any other doctors, clinics, or health departments receiving a referral are required to complete the remaining parts of the form.

#### Part 1. Information About You

Fill out this part **before** your medical exam appointment.

- **1. Identifying information at top of each page** Fill out your name and A-number, if applicable, at the top of each page of Form I-693. The civil surgeon will check that this information matches **Part 1.**
- 2. Name Use your legal name. If you have two last names, include both and use a hyphen (-) between the names, if appropriate.
- **3. Home Address** Give your physical street address. This must include a street number and name or a rural route number. Do not put a post office box (P.O. Box) number here.
- **4.** Date of Birth Use eight numbers to show your date of birth (example: May 1, 1979, must be written 05/01/1979).
- **5.** Place of Birth Give the name of the city/town/village where you were born.
- **6.** Country of Birth Give the name of the country where you were born.
- 7. A-Number This is your alien registration file number. If you are not sure if you have one, look at any letters or notices you have received from the Department of Homeland Security (DHS). Look for a **number** that begins with a letter "A" and is followed by 8 or 9 numbers (example: A 000 000 000). If you do not have one or if you cannot remember what it is, leave this space blank.
- **8. Applicant's Certification** Do not sign here until the civil surgeon tells you to do so. You must sign Form I-693 in the presence of the civil surgeon. If the applicant is under 14 years of age, a parent or guardian may sign Form I-693. If the applicant is 14 years of age or older, he or she must sign Form I-693.

# Section II. Civil Surgeon's Instructions

## What Are My Responsibilities as a Designated Civil Surgeon?

1. Truthfully and accurately report the results. You are responsible for reporting the results of the medical exam and all laboratory reports on Form I-693 where indicated, and for signing the civil surgeon's certification provided on the form

You must take reasonable steps to ensure that the person appearing for the medical exam is the same person applying for the requested immigration benefit. All applicants must present a valid government-issued photo identification, and the civil surgeon must annotate in **Part 1** the form of identification presented and ID number, if applicable. The law imposes severe penalties for knowingly and willfully falsifying or concealing a material fact or using any false documents in connection with this medical exam.

The civil surgeon should direct the applicant to sign in **Part 1** in the presence of the civil surgeon. The civil surgeon should also ensure that the applicant's name and A-number, if applicable, are at the top of each page of the Form I-693, and that they match the information provided in **Part 1**.

- 2. Follow HHS regulations and CDC guidelines. USCIS has designated you as a civil surgeon with the understanding that you will perform the medical exam according to U.S. Department of Health and Human Services' (HHS) regulations. These regulations include the specific guidelines found in *Technical Instructions for the Medical Examination of Aliens in the United States (Technical Instructions)*, published by the Centers for Disease Control and Prevention (CDC) in Atlanta, Georgia. The *Technical Instructions* (including periodic updates posted by CDC) are available on the CDC Web site at <a href="www.cdc.gov/immigrantrefugeehealth/exams/ti/civil/technical-instructions-civil-surgeons.html">www.cdc.gov/immigrantrefugeehealth/exams/ti/civil/technical-instructions-civil-surgeons.html</a>.
- **3.** Make referrals and file case reports, as required. According to CDC's *Technical Instructions*, you are required to:
  - **a. Refer** the applicant to the local health department if the chest x-ray suggests TB or other circumstances are present as described in CDC's *Technical Instructions*.
  - **b. Ensure** that any applicant diagnosed with syphilis is treated with the standard treatment regimen described in CDC's *Technical Instructions*.
  - **c. Ensure** that testing and therapy are given for diagnoses of chancroid, gonorrhea, granuloma inguinale, or lymphogranuloma venereum.
  - **d. Refer** the applicant to a Hansen's disease specialist for evaluation to confirm a suspected diagnosis of Hansen's disease (leprosy).
  - **e. File** a case report with the appropriate public health authorities if a case report is required by local laws or regulations. You must also advise the applicant that a case report is being filed.

#### **How Do I Fill Out My Portion of This Form?**

You, the civil surgeon, are responsible for ensuring the relevant parts of Form I-693 are completed and signed, as follows.

- 1. Part 1, Applicant's Certification. You, the civil surgeon, are responsible for verifying the identity of the applicant, and noting the form of identification the applicant presents to you, in Part 1. You are also required to check each page of Form I-693 to ensure the name and A-Number, if applicable, are correct. Finally you must require that the applicant sign the Applicant's Certification in your presence. The applicant should not sign Part 1 until all health follow-up requirements have been met.
- 2. Civil Surgeon Worksheet. You must fill out this worksheet and provide the results of each component of the medical exam relating to: communicable diseases of public health significance, physical or mental disorders with associated harmful behavior, drug abuse or drug addiction, and vaccinations. You must also include the results of any lab work or other studies required to determine whether the applicant is inadmissible on health grounds. You must instruct applicants who have had a tuberculin skin test (TST) to return to your office within 48-72 hours to have the TST read.
- **3. Referral to Health Department or Other Doctor.** If you refer the applicant to a local health department or to another physician or clinic, you must also fill out section 5 of the Civil Surgeon Worksheet in Form I-693. The health care professional receiving the referral must fill out and sign section 6 of the Civil Surgeon Worksheet.
- **4.** Part 2, Summary of Medical Examination. After the medical exam and any follow-up (if required) is complete, summarize the results in Part 2 of Form I-693.

5. Part 3, Civil Surgeon's Certification. You must sign the certification after the medical exam is complete. Fill out the identifying information in this part before referring an applicant for further tests or evaluation. Do not sign and date this part until the referral/follow-up evaluation (if required) has been completed and the applicant has been medically cleared. Stamped signatures or typewritten names are not acceptable; *your signature must be original*.

For health departments performing the vaccination assessment for refugee adjustment applicants ONLY: You must also complete Part 3 of Form I-693. The actual (original) or stamped signature of the physician on staff at the health department must be present in Part 3. Signatures by attending nurses, physician assistants, or other medical professionals that are not licensed physicians will be rejected. Health departments must also place either the official stamp or raised seal, whichever is customarily used, in Part 3 where indicated.

## How Do I Complete Form I-693 If I Need to Make a Referral?

Advise the applicant that the appropriate follow-up must be obtained before medical clearance can be granted. In section 5 of the Civil Surgeon Worksheet (Referral to Health Department or Other Doctor), include the name, address, and telephone number of the physician or public health service facility that will conduct further evaluation or provide treatment. Specify the type of examination and additional tests or treatment the applicant should receive. Complete your identifying information in **Part 3**, but **do not sign or date the form.** Make a copy of Form I-693 for your records and give the original form to the applicant in a sealed envelope. (See the next section for additional instructions regarding sealing the envelope.)

# What Do I Do After the Medical Exam and Follow-Up (If Required) Are Completed?

After the medical exam (and any follow-up required), is complete, summarize the results in **Part 2** of Form I-693. Certify the form by signing the civil surgeon's certification in **Part 3. Do not sign Form I-693** until the applicant has met all health follow-up requirements.

Make 2 copies of the completed and signed Form I-693 for submission to USCIS. You should keep a copy of Form I-693 and any supporting documentation that you submit to USCIS for your records. Give the other copy of the completed and signed Form I-693 and any supporting documentation to the applicant. The vaccination portion of Form I-693 will serve as the applicant's official vaccination record and may be retained by the applicant for future use in establishing compliance with vaccination requirements (example: school, day care, employment, etc.).

Prepare the original of the completed and signed Form I-693 for submission to USCIS. Place the original of the completed and signed Form I-693 and any supporting documentation into an envelope, and then seal the envelope. On the front of the envelope, write in capital letters: "DO NOT OPEN. FOR USCIS USE ONLY." On the back of the envelope, write your initials across the seal where the flap of the envelope and the envelope meet. Seal the entire flap with clear cellophane tape; make sure that the tape, in addition to the flap, also covers your initials. Give the sealed envelope to the applicant.

The applicant must submit the envelope to USCIS.

IMPORTANT: USCIS will not accept Form I-693 if it is not in a sealed envelope or if the envelope is altered in any way.

Return all supporting medical documents that were not required to be included in the sealed envelope to the applicant.

# **Section III. Frequently Asked Questions**

#### 1. Who must submit Form I-693?

Generally, all applicants filing for adjustment of status to that of a permanent resident must submit Form I-693 completed by a designated civil surgeon.

## 2. What if I am a refugee and already had a medical exam overseas?

If you were admitted to the United States as a refugee and are now applying for adjustment of status under section 209 of the INA one year following your first admission, you do not need to repeat the entire medical exam you had overseas, unless a Class A medical condition was found during that exam.

If a complete medical exam is not required, you only need to comply with the vaccination requirements. This means you only need to submit the vaccination record and page 1 of Form I-693. Contact your State or local refugee health coordinator to find out whether it may be possible for you to have the vaccination portion of Form I-693 completed by a State or local health department. The State or local health department must also complete **Part 3** of the form.

## 3. What if I am a K nonimmigrant visa holder and already had a medical exam overseas?

If you were admitted as a:

- a. K-1 fiancé(e) or a K-2 child of a K-1 fiancé(e); or as a
- **b.** K-3 spouse of a U.S. citizen or a K-4 child of a K-3 spouse of a U.S. citizen; and
- **c.** You received a medical examination prior to admission, then:
  - (1) You are not required to have another medical examination as long as your Form I-485 is filed within one year of your overseas medical examination, and the medical examination did not reveal a Class A medical condition, or if you did have a Class A medical condition, you received a waiver of inadmissibility and have complied with the terms and conditions on the waiver.
  - (2) Even if a new medical examination is not required, you must still show proof that you complied with the vaccination requirements. If the vaccination record (DS 3025) was not properly completed and included as part of the original overseas medical examination report, you will have to have the vaccination report completed by a designated civil surgeon. In this case, you are required to submit the vaccination record and page 1 of Form I-693.

## 4. What if I am a V nonimmigrant visa holder and already had a medical exam overseas?

If you were admitted to the United States or obtained status while in the United States as a:

- **a.** V-1 spouse of a permanent resident or waiting a V-1 visa; or
- **b.** V-2 child of a V-1 spouse of a permanent resident; or
- c. V-3 child of a V-2 unmarried son or daughter of a V-1 spouse of a permanent resident; and
- **d.** You received a medical examination prior to admission or obtaining V status, then:
  - (1) You are not required to have another medical examination as long as your Form I-485, Application to Register Permanent Residence or Adjust Status, is filed within one year of your overseas medical examination, and the medical examination did not reveal a Class A medical condition, or if you did have a Class A medical condition, you received a waiver of inadmissibility and have complied with the terms and conditions on the waiver.
  - (2) Even if a new medical examination is not required, you still must show proof that you complied with the vaccination requirements. If the vaccination record was not properly completed and included as part of the original medical examination report, you will have to have the vaccination report completed by a designated civil surgeon. In this case, you are required to submit the vaccination record and **page 1** of Form I-693.

## 5. What if I am an asylee dependent applying for adjustment of status and already had a medical exam overseas?

If you were admitted to the United States as an asylee dependent, you generally do not need to repeat the entire medical exam you had overseas at the time of submission of Form I-485, provided that:

- a. No Class A condition was found during the exam; and
- **b.** You have applied for adjustment of status within one year of eligibility to file.

You will, however, be required to comply with the vaccination requirement and submit the vaccination record and **page 1** of Form I-693 with your Form I-485.

## 6. May any doctor perform the required medical exam?

Only a doctor who has been specially designated by USCIS as a civil surgeon may perform the medical exam. USCIS will not accept Form I-693 completed by a doctor who is not a **currently** designated civil surgeon.

## 7. How do I know whether a doctor is a designated civil surgeon?

Doctors found through the USCIS National Customer Service Center phone line or through the USCIS Web site are generally current in their designation as civil surgeons. If unsure, applicants should confirm with their doctors as to their civil surgeon status.

# 8. Who pays for the medical exam?

The applicant is responsible for paying all costs of the medical exam, including the cost of any follow-up tests or treatment that may be required. Payments are made directly to the civil surgeon or other health care facility.

## 9. What are the medical grounds of inadmissibility?

The medical grounds of inadmissibility under U.S. immigration laws are divided into four categories:

- a. Communicable diseases of public health significance;
- **b.** Lack of required vaccinations;
- c. Physical or mental disorders with harmful behavior; and
- d. Drug abuse or addiction.

## Section IV. Medical Evaluations

## Communicable Diseases of Public Health Significance

The civil surgeon is required to perform specific tests for tuberculosis and syphilis. The medical exam also indicates an evaluation for other sexually transmitted diseases and Hansen's Disease (leprosy).

If you are found to have a communicable disease of public health significance, the civil surgeon will advise you how to obtain any necessary treatment. It also may be necessary for you to apply for a waiver of inadmissibility. USCIS will advise you if this is necessary. To obtain more information about this waiver, visit the USCIS Web site at <a href="https://www.uscis.gov">www.uscis.gov</a>.

## 1. Testing for Tuberculosis

All applicants 2 years of age and older are required to be tested for tuberculosis (TB) with an initial screening test. Civil surgeons may require an applicant younger than 2 years of age to undergo testing if there is evidence of contact with a person known to have TB or other reasons to suspect TB. The physician may use either the Tuberculin Skin Test (TST) or an Interferon Gamma Release Assay (IGRA).

- **a.** Tuberculin Skin Test (TST) given by the Mantoux technique. After the skin test, you will need to return to the civil surgeon within 48 to 72 hours to have the result read. If you have a reaction of 4 millimeters or less, generally, you will not need any further tests for TB. A chest x-ray is required when the reaction to the TST is 5 millimeters or more. The civil surgeon will explain the medical requirements to you in more detail.
- **b.** IGRA: Civil surgeons have the option of using IGRA in place of the TST (see update to the *Technical Instructions* at <a href="www.cdc.gov/immigrantrefugee health/exams/ti/civil/updates/index.html">www.cdc.gov/immigrantrefugee health/exams/ti/civil/updates/index.html</a>). You will not have to return to the civil surgeon's office for the result to be read. The result is generally available within 24 hours. If the test is negative or indeterminate/borderline/equivocal, you generally will not need any further tests for TB. Depending on the result of the test, further evaluation with a chest x-ray may be required.

There are several IGRAs recognized by CDC for purposes of this immigration medical examination: the QuantiFERON® - TB Gold (QFT-G) test: the QuantiFERON® - TB Gold in Tube (QFT-G IT) test; and the T-Spot® TB test. In the future, CDC may recognize additional tests; if it does, it will publish the information in its *Technical Instructions* available on CDC's Web site at <a href="www.cdc.gov/immigrant refugeehealth/exams/ti/civil/technical-instructions-civil-surgeons.html">www.cdc.gov/immigrant refugeehealth/exams/ti/civil/technical-instructions-civil-surgeons.html</a>. Tests not listed in the materials published on this link may not be used for purposes of this immigration medical examination.

The civil surgeon will explain the medical requirements and the suitability and availability of IGRA testing to you in more detail.

## 2. Testing for Syphilis

All applicants 15 years of age and older must have a blood test for syphilis. Civil surgeons may require applicants under 15 years of age to be tested if there is reason to suspect the possibility of infection.

## **Vaccination Requirements**

All applicants for adjustment of status must present documents showing they have been vaccinated against a broad range of vaccine-preventable diseases. The civil surgeon will review your vaccination history with you to determine whether you have had all the required vaccinations. Make sure you take your vaccination records with you to your appointment with the civil surgeon.

**NOTE:** Do not attempt to meet the requirements before you are evaluated by the civil surgeon, in case it is not medically appropriate for you to have one or more of the required vaccines.

By law, the required vaccines for the immigrant population are the vaccines as recommended by the Advisory Committee on Immunization Practices (ACIP) for the immigrant population. You may obtain a list of the required vaccines from CDC's Web site at <a href="http://www.cdc.gov/immigrant refugeehealth/exams/diseases-vaccines-included.html">http://www.cdc.gov/immigrant refugeehealth/exams/diseases-vaccines-included.html</a>.

If you never received or are unable to prove you received certain vaccines, the civil surgeon can administer them to you. After evaluation by the civil surgeon, you also have the option of asking your family doctor to administer those vaccines to you and showing the records to the civil surgeon to note on Form I-693.

If you initially did not have documents proving you received all the required vaccines but later submit those documents, or if the civil surgeon certifies that it is not medically appropriate for you to have one or more of the missing vaccine(s), USCIS may grant you a waiver based on the civil surgeon's certification on the vaccination record portion of Form I-693.

HHS has determined that a vaccine is "not medically appropriate" if:

- 1. The vaccine is not recommended for your specific age group;
- 2. There is a medical reason why it would not be safe to have the vaccine (for example, allergies to eggs and yeast, hypersensitive to prior vaccines, other medical reasons);
- 3. You are unable to complete the entire series of a required vaccine within a reasonable amount of time; or
- **4.** For the influenza vaccine, it is not the flu season.

If you object to receiving the recommended vaccinations because of your sincerely held religious beliefs or moral convictions, you may apply for a waiver of these requirements. If you hold these objections, inform the civil surgeon that you will apply for a waiver. If the waiver application is denied, you may be ineligible for the immigration benefit that you are seeking. To obtain more information about these waivers, visit the USCIS Web site at <a href="www.uscis.gov">www.uscis.gov</a>.

## **Physical or Mental Disorders**

Not all physical or mental disorders are considered health-related grounds of inadmissibility. The emphasis is more on the behavior associated with the physical or mental disorder, instead of the physical or mental disorder itself. This means

that the civil surgeon must determine that there is behavior associated with the disorder that is harmful either to you, to others, or to property. If you have had a history of a physical or a mental disorder, there must be associated harmful behavior that is likely to recur in order for you to be considered inadmissible.

The civil surgeon will ask you general questions during the medical exam to determine whether you have such a condition. Depending on the outcome of the initial exam, the civil surgeon may find it necessary to refer you to a specialist for further testing.

If the civil surgeon finds that you have a physical or mental disorder with associated harmful behavior, you may apply for a waiver according to the terms, conditions, and controls determined necessary by USCIS in consultation with HHS. To obtain more information about these waivers, visit the USCIS Web site at <a href="https://www.uscis.gov">www.uscis.gov</a>.

## **Drug Addiction and Drug Abuse**

The medical guidelines for determining drug abuse and drug addiction are determined by HHS. The civil surgeon will review your medical history during the medical exam and ask you questions necessary to determine whether you are currently using or have used in the past any drugs or other psychoactive substances.

If the civil surgeon determines you have a medical condition of drug addiction/abuse, you are **not** eligible to apply for a waiver **unless** you are applying for adjustment of status one year after you were admitted as a refugee, or you are applying for adjustment of status one year after you were granted asylum. If you are ineligible to apply for a waiver, but are later found by the civil surgeon to be in remission from the drug abuse or drug addiction (as determined by HHS), you may proceed with your adjustment-of-status application, if eligible.

## Section V. USCIS Information

## **USCIS Forms and Related Information?**

To ensure you are using the latest version of this form, visit the USCIS Web site at <a href="www.uscis.gov">www.uscis.gov</a> where you can obtain the latest USCIS forms and immigration-related information. If you do not have internet access, you may order USCIS forms by calling our toll-free number at 1-800-870-3676. You may also obtain forms and information by telephoning our USCIS National Customer Service Center at 1-800-375-5283. For TDD (hearing impaired) call: 1-800-767-1833.

As an alternative to waiting in line for assistance at your local USCIS office, you can now schedule an appointment through our Internet-based system, **InfoPass**. To access the system, visit our Web site. Use the **InfoPass** appointment scheduler and follow the screen prompts to set up your appointment. **InfoPass** generates an electronic appointment notice that appears on the screen.

## **Address Changes**

If you have changed your address, you must inform USCIS of your new address. For information on filing a change of address go to the USCIS Web site at <a href="www.uscis.gov/addresschange">www.uscis.gov/addresschange</a> or contact the USCIS National Customer Service Center at 1-800-375-5283. For TDD (hearing impaired) call: 1-800-767-1833.

**NOTE:** Do not submit a change of address request to the USCIS Lockbox facilities because the USCIS Lockbox facilities do not process change of address requests.

## **Processing Information**

#### **Initial Processing**

Once the application has been accepted, it will be checked for completeness, including submission of the required initial evidence. If you do not completely fill out the form or file it without the required initial evidence, you will not establish a basis for eligibility and we may deny your application.

#### **Requests for More Information**

We may request more information or evidence, or we may request that you appear at a USCIS office for an interview.

#### **Decision**

The decision on Form I-693 involves a determination of whether you have established eligibility for the requested benefit. You will be notified of the decision in writing.

## **USCIS Privacy Act Statement**

**AUTHORITIES:** The information requested on this form, and the associated evidence, is collected under the Immigration and Nationality Act, section 101, et seq.

**PURPOSE:** The primary purpose for providing the requested information on this form is to determine if you have established eligibility for the immigration benefit for which you are filing. The information you provide will be used to grant or deny the form.

**DISCLOSURE:** The information you provide is voluntary. However, failure to provide the requested information, and any requested evidence, may delay a final decision or result in denial of your benefit request.

ROUTINE USES: The information you provide on this form may be shared with other Federal, State, local, and foreign government agencies and authorized organizations following approved routine uses described in the associated published system of records notices [DHS-USCIS-007 - Benefits Information System and DHS-USCIS-001 - Alien File, Index, and National File Tracking System of Records, which can be found at <a href="https://www.dhs.gov/privacy">www.dhs.gov/privacy</a>]. The information may also be made available, as appropriate, for law enforcement purposes or in the interest of national security.

## **Penalties**

If you knowingly and willfully falsify or conceal a material fact or submit a false document with Form I-693, we will deny Form I-693 and may deny any other immigration benefit. In addition, you will face severe penalties provided by law and may be subject to criminal prosecution.

## **Paperwork Reduction Act**

An agency may not conduct or sponsor an information collection and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The public reporting burden for this collection of information is estimated at 2 hours, 30 minutes per response, including the time for reviewing instructions, and completing and submitting the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Regulatory Coordination Division, Office of Policy and Strategy, 20 Massachusetts Ave., N.W., Washington, DC 20529-2140. OMB No. 1615-0033. **Do not mail your completed Form I-693 to this address.**