



U.S. Citizenship  
and Immigration  
Services

<Date>, 2010

Addressee's Name

Business Address

Street Address

City, State Zip

Dear Dr. [LAST NAME]:

This letter is to inform you that the Department of Health and Human Services' Centers for Disease Control and Prevention (CDC) has issued new Technical Instructions effective June 1, 2010 concerning Physical or Mental Disorders with Associated Harmful Behaviors and Substance-Related Disorders, and to provide guidance on completing the current version of Form I-693.

Additionally, U.S. Citizenship and Immigration Services (USCIS) has published a revised version of Form I-693, *Report of Medical Examination and Vaccination Record* (edition date July 20, 2010).

**2010 Technical Instructions for Physical or Mental Disorders with Associated Harmful Behaviors and Substance-Related Disorders**

The 2010 Technical Instructions for Physical or Mental Disorders with Associated Harmful Behaviors and Substance-Related Disorders reflect current medical practices for evaluating physical, mental, and substance-related disorders. The 2010 Technical Instructions apply to any medical assessment completed on or after June 1, 2010.

The 2010 Technical Instructions include the following revisions:

- Clarification that diagnosis of mental disorders and substance-related disorders are made in accordance with existing medical standards as determined by the current version of the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM).
- Drug "experimentation" is no longer defined in the Technical Instructions. Instead, determinations of substance (drug) abuse and dependence are made based on existing medical standards, as determined by the current version of the DSM.
- Diagnosis of remission is to be made based on existing medical standards as determined by the current edition of the DSM.
- An evaluation for alcohol abuse is required for those applicants with a single alcohol related arrest or conviction within the last 5 years or two or more arrests or convictions within the last 10 years.

The 2010 Technical Instructions for Physical or Mental Disorders with Associated Harmful Behaviors and Substance-Related Disorders are available from CDC's website at:

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

Please note that you will need to obtain a copy of the current version of the DSM. If you have any questions regarding the 2010 Technical Instructions for Physical or Mental Disorders with Associated Harmful Behaviors and Substance-Related Disorders, you may contact CDC at CDCqap@cdc.gov.

### **Revisions to Form I-693**

On February 25, 2010, USCIS issued a revised version of Form I-693 to reflect that individuals should no longer be tested for HIV infection, and no longer require vaccination for herpes zoster (zoster) and Human Papillomavirus (HPV). Any reference to HIV, HPV, or zoster has been removed in the February 25, 2010 version of the form.

Subsequent changes were also made July 20, 2010 to the sections related to "Physical or Mental Disorders with Associated Harmful Behavior" and "Drug Abuse/Drug Addiction" on Page 3 to coincide with the changes made by CDC's new Technical Instructions.

### **Completing the Form I-693**

From this point forward, please use the July 20, 2010 edition of the Form I-693 when completing medical examinations. The following are instructions on how to complete the most current version of Form I-693. When completing this form, be sure to complete all required sections.

#### **Part 1 - Information About You**

This section can be completed by the applicant prior to the medical examination. However, the "Applicant's Certification" should not be signed until the applicant appears in person before you. You must verify the applicant's identity through a passport, driver's license or other government issued identification, such as military identification or state issued identification card prior to having the applicant sign.

#### **Part 2 - Medical Examination**

1. Examination – This is provided as a summary of the overall findings for the applicant. You must indicate if there is Class A, Class B, or no Class A or B condition.
2. Communicable Diseases of Public Health Significance
  - A. Tuberculosis – Indicate which TB test was completed and include the results. Be sure to complete the section "Initial Screening Test Result and Chest X-Ray Determination" by marking the appropriate box. If a chest x-ray was done, complete the chest x-ray section on page 2.

- B. Syphilis - Indicate the date the test was completed. Be sure to include the findings mark the appropriate box if there is a Class A or B condition or not.
  - C. Other Class A/Class B Conditions – Indicate the presence or absence of any other communicable diseases of public health significance by selecting the appropriate box(es).
3. Physical or Mental Disorders with Associated Harmful Behavior – Indicate if the applicant has any history of or a current Class A or B physical or mental disorder with associated harmful behavior as prescribed by CDC's 2010 Technical Instructions. Use the remarks section to detail any information regarding Class A or B conditions. This section should be used to annotate any alcohol abuse or addiction, as with the new Technical Instructions, alcohol abuse or addiction is classified as a physical or mental disorder within the context of the DSM. This should also be used to indicate drug abuse or addiction of substances not included in Schedules I, II, III, IV or V of Section 202 of the Controlled Substances Act.
  4. Drug Abuse/Drug Addiction – Indicate if the applicant has any history of or a current Class A or B condition as prescribed by CDC's 2010 Technical Instructions. Use the remarks section to detail any information regarding Class A or B conditions. Note that if you previously used the box "Substance (Drug) Use, Not Listed in Section 202 of the Controlled Substance Act, But With Associated Harmful Behavior, Class A" to indicate an alien's alcohol use, this information should now be included within the "Physical or Mental Disorders With Associated Harmful Behavior" above. This section now solely relates to substances contained with Schedules I, II, III, IV or V of Section 202 of the Controlled Substances Act.
  5. Vaccinations – Complete the vaccination chart, indicating all vaccinations provided. **Be sure to complete the "Results" section below the vaccination chart.**
  6. List Other Medical Conditions

The signature parts contained in Parts 3, 4, 5, and 6 remain unchanged. Complete these as explained in the instructions. The signatures on the form must be **original**. A signature stamp can be used, but must also be an original. Photocopies of a signature or signature stamp are not acceptable and the form will be returned for proper completion.

The July 20, 2010 version of the form should be used for exams completed on or after the date of the form. However, USCIS continues to accept the February 25, 2010 version of Form I-693.

### **Additional Materials**

For your convenience, we are attaching a copy of the newest edition of Form I-693 (Edition July 20, 2010) that is currently posted on USCIS' website.

We appreciate the service you provide to the immigrant community and your ongoing efforts to stay informed of all medical exam requirements and your responsibilities as a civil surgeon.

Addressee's Name

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If you have any questions or concerns, please contact the [Civil Surgeon Coordinator] at [Contact Information].

Sincerely,

[Name of Civil Surgeon Coordinator, Field Office or District Director]