

Instructions to Alien Applying for Adjustment of Status

A medical examination is necessary as part of your application for adjustment of status. Please communicate immediately with one of the physicians on the attached list to arrange for your medical examination, which must be completed before your status can be adjusted. The purpose of the medical examination is to determine if you have certain health conditions which may need further follow-up. The information requested is required in order for a proper evaluation to be made of your health status. The results of your examination will be provided to an Immigration officer and may be shared with health departments and other public health or cooperating medical authorities. All expenses in connection with this examination must be paid by you.

The examining physician may refer you to your personal physician or a local public health department and you must comply with some health follow-up or treatment recommendations for certain health conditions before your status will be adjusted.

This form should be presented to the examining physician. You must sign the form in the presence of the examining physician. *The law provides severe penalties for knowingly and willfully falsifying or concealing a material fact or using any false documents in connection with this medical examination. The medical examination must be completed in order for us to process your application.*

Medical Examination and Health Information

A medical examination is necessary as part of your application for adjustment of status. You should go for your medical examination as soon as possible. You will have to choose a doctor from a list you will be given. The list will have the names of doctors or clinics in your area that have been approved by the Immigration and Naturalization Service for this examination. You must pay for the examination. If you become a temporary legal resident and later apply to become a permanent resident, you may need to have another medical examination at that time.

The purpose of the medical examination is to find out if you have certain health conditions which may need further follow-up. The doctor will examine you for certain physical and mental health conditions. You will have to take off your clothes. If you need more tests because of a condition found during your medical examination, the doctor may send you to your own doctor or to the local public health department. For some conditions, before you can become a temporary or permanent resident, you will have to show that you have followed the doctor's advice to get more tests or take treatment.

If you have any records of immunizations (vaccinations), you should bring them to show to the doctor. This is especially important for pre-school and school-age children. The doctor will tell you if any more immunizations are needed, and where you can get them (usually at your local public health department). It is important for your health that you follow the doctor's advice and go to get any immunizations.

One of the conditions you will be tested for is tuberculosis. If you are 15 years of age or older, you will be required to have a chest X-ray examination. **Exception:** If you are pregnant or applying for adjustment of status under the Immigration Reform and Control Act of 1986, you may choose to have either a chest X-ray or a tuberculin skin test. If you choose the skin test you will have to return in 2 - 3 days to have it checked. If you do not have any reaction to the skin test, you will not need any more tests for tuberculosis. If you do have any reaction to the skin test, you will also need to have a chest X-ray examination. If the doctor thinks you are infected with tuberculosis, you may have to go to the local health department and more tests may have to be done. The doctor will explain these to you.

If you are 14 years of age or younger, you will not need to have a test for tuberculosis, unless a member of your immediate family has chest X-ray findings that may be tuberculosis. If you are in this age group and you do have to be tested for tuberculosis, you may choose either the chest X-ray or the skin test.

You must also have a blood test for syphilis if you are 15 years of age or older.

You will also be tested to see if you have the human immuno-deficiency virus (HIV) infection. This virus is the cause of AIDS. If you have this virus, it may damage your body's ability to fight off other diseases. The blood test you will take will tell if you have been exposed to this virus.

Instructions to Physician Performing the Examination

Please medically examine for adjustment of status the individual presenting this form. The medical examination should be performed according to the U.S. Public Health Service "Guidelines for Medical Examination of Aliens in the United States" and Supplements, which have been provided to you separately.

If the applicant is free of medical defects listed in Section 212(a) of the Immigration and Nationality Act, endorse the form in the space provided. While in your presence, the applicant must also sign the form in the space provided. You should retain one copy for your files and return all other copies in a sealed envelope to the applicant for presentation at the immigration interview.

If the applicant has a health condition which requires follow-up as specified in the "Guidelines for Medical Examination of Aliens in the United States" and Supplements, complete the referral information on the pink copy of the medical examination form, and advise the applicant that appropriate follow-up must be obtained before medical clearance can be granted. Retain the blue copy of the form for your files and return all other copies to the applicant in a sealed envelope. The applicant should return to you when the necessary follow-up has been completed for your final verification and signature. *Do not* sign the form until the applicant has met health follow-up requirements. All medical documents, including chest X-ray films if a chest X-ray examination was performed, should be returned to the applicant upon final medical clearance.

Instructions to Physician Providing Health Follow-Up

The individual presenting this form has been found to have a medical condition(s) requiring resolution before medical clearance for adjustment of status can be granted. Please evaluate the applicant for the condition(s) identified.

The requirements for clearance are outlined on the reverse of this page. When the individual has completed clearance requirements, please sign the form in the space provided and return the medical examination form to the applicant.

Privacy Act Notice.

The authority for collection of the information requested on this form is contained in 8 U.S.C. 1182, 1183A, 1184(a), 1252, 1255 and 1258. The information will be used principally by the Immigration and Naturalization Service to whom it may be furnished to support an individual's application for adjustment of status under the Immigration and Nationality Act. Submission of the information is voluntary. It may also, as a matter of routine use, be disclosed to other federal, state, local and foreign law enforcement and regulatory agencies. Failure to provide the necessary information may result in the denial of the applicant's request.

Paperwork Reduction Act Notice.

An agency may not conduct or sponsor an information collection and a person is not required to respond to an information collection unless it displays a currently valid OMB control number. We try to create forms and instructions that are accurate, can be easily understood and which impose the least possible burden on you to provide us with information. Often this is difficult because some immigration laws are very complex. The estimated average time to complete and file this application is 90 minutes per application.

If you have comments regarding the accuracy of this estimate, or suggestions for making this form simpler, you may write to the Immigration and Naturalization Service, Regulations and Forms Services Division, 425 I Street, N.W., Suite 4034, Washington, DC 20536; OMB No. 1115-01234. (***Do not mail your completed application to this address.***)

Medical Examination of Aliens Seeking Adjustment of Status

(Please type or print clearly)

I certify that on the date shown I examined:

1. Name (Last in CAPS)

(First)

(Middle Initial)

2. Address (Street number and name)

(Apt. number)

(City)

(State)

(Zip Code)

3. File number (A number)

4. Sex

Male

Female

5. Date of birth (MM/DD/YYYY)

6. Country of birth

7. Date of examination (MM/DD/YYYY)

General Physical Examination: I examined specifically for evidence of the conditions listed below. My examination revealed:

No apparent defect, disease or disability.

The conditions listed below were found (check all boxes that apply).

Class A Conditions

Chancroid

Hansen's disease, infectious

Mental defect

Psychopathic personality

Chronic alcoholism

HIV infection

Mental retardation

Sexual deviation

Gonorrhea

Insanity

Narcotic drug addiction

Syphilis, infectious

Granuloma inguinale

Lymphogranuloma venereum

Previous occurrence of one or more attacks of insanity

Tuberculosis, active

Class B Conditions

Hansen's disease, not infectious

Tuberculosis, not active

Other physical defect, disease or disability (specify below).

Examination for Tuberculosis - Tuberculin Skin Test

Reaction _____mm

No reaction

Not Done

Doctor's name (please print)

Date read

Examination for Tuberculosis - Chest X-Ray Report

Abnormal

Normal

Not done

Doctor's name (please print)

Date read

Serologic Test for Syphilis

Reactive Titer (confirmatory test performed)

Nonreactive

Test Type

Doctor's name (please print)

Date read

Serologic Test for HIV Antibody

Positive (confirmed by Western blot)

Negative

Test Type

Doctor's name (please print)

Date read

Immunization Determination (DTP, OPV, MMR, Td-Refer to PHS Guidelines for recommendations.)

Applicant is current for recommended age-specific immunizations.

Applicant is not current for recommended age-specific immunizations and I have encouraged that appropriate immunizations be obtained.

REMARKS:

Civil Surgeon Referral for Follow-Up of Medical Condition

The alien named above has applied for adjustment of status. A medical examination conducted by me identified the conditions above which require resolution before medical clearance is granted or for which the alien may seek medical advice. Please provide follow-up services or refer the alien to an appropriate health care provider. The actions necessary for medical clearance are detailed on the reverse of this form.

Follow-Up Information:

The alien named above has complied with the recommended health follow-up.

Doctor's name and address (please type or print clearly)

Doctor's signature

Date

Application Certification

I certify that I understand the purpose of the medical examination, I authorize the required tests to be completed, and the information on this form refers to me.

Signature

Date

Civil Surgeon Certification:

My examination showed the applicant to have met the medical examination and health follow-up requirements for adjustment of status.

Doctor's name address (please type or print clearly)

Doctor's signature

Date

**Medical Clearance Requirements
for Aliens Seeking Adjustment of Status**

Medical Condition	Estimate Time For Clearance	Action Required
<i>*Suspected Mental Conditions</i>	5 - 30 Days	The applicant must provide to a civil surgeon a psychological or psychiatric evaluation from a specialist or medical facility for final classification and clearance.
<i>Tuberculin Skin Test Reaction and Normal Chest X-Ray or Abnormal Chest X-Ray</i>	Immediate	The applicant should be encouraged to seek further medical evaluation for possible preventive treatment.
<i>Tuberculin Skin Test Reaction and Abnormal Chest X-Ray (Inactive/Class B)</i>	10 - 30 Days	The applicant should be referred to a physician or local health department for further evaluation. Medical clearance may not be granted until the application returns to the civil surgeon with documentation of medical evaluation for tuberculosis.
<i>Tuberculin Skin Test Reaction and Abnormal Chest X-Ray (Active of Suspected Active/Class A)</i>	10 - 300 Days	The applicant should obtain an appointment with physical or local health department. If treatment for active disease is started, it must be completed (usually 9 months) before a medical clearance may be granted. At the completion of treatment, the applicant must present to the civil surgeon documentation of completion. If treatment is not started, the applicant must present to the civil surgeon documentation of medical evaluation for tuberculosis.
<i>Hansen's Disease</i>	30 - 210 Days	Obtain an evaluation from a specialist or Hansen's disease clinic. If the disease is indeterminate or Tuberculoid, the applicant must present to the civil surgeon documentation of medical evaluation. If disease is Lepromotous or Borderline (dimorphous) and treatment is started, the applicant must complete at least 6 months and present documentation to the civil surgeon showing adequate supervision, treatment and clinical response before a medical clearance is granted.
<i>**Venereal Diseases</i>	1 - 30 Days	Obtain an appointment with a physician or local public health department. An applicant with a reactive serologic test for syphilis must provide to the civil surgeon documentation of evaluation for treatment. If any of the venereal diseases are infectious, the applicant must present to the civil surgeon documentation of completion of treatment.
<i>Immunizations Incomplete</i>	Immediate	Immunizations are not required, but the applicant should be encouraged to go to a physician or local health department for appropriate immunizations.
<i>HIV Infection</i>	Immediate	Post-test counseling is not required, but the applicant should be encouraged to seek appropriate post-test counseling.

*Mental retardation; insanity; previous attack of insanity; psychopathic personality, sexual deviation or mental defect; narcotic drug addition; and chronic alcoholism.

**Chancroid; gonorrhea; granuloma inguinale; lymphogranuloma venereum; and syphilis.

**Medical Examination of Aliens
Seeking Adjustment of Status**

(Please type or print clearly)

I certify that on the date shown I examined:

1. Name (Last in CAPS) _____

 (First) (Middle Initial)

2. Address (Street number and name) _____

 (City) (State) (Zip Code)

3. File number (A number) _____

4. Sex
 Male Female

5. Date of birth (MM/DD/YYYY) _____

6. Country of birth _____

7. Date of examination (MM/DD/YYYY) _____

General Physical Examination: I examined specifically for evidence of the conditions listed below. My examination revealed:

No apparent defect, disease or disability. The conditions listed below were found (check all boxes that apply).

Class A Conditions

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Chancroid | <input type="checkbox"/> Hansen's disease, infectious | <input type="checkbox"/> Mental defect | <input type="checkbox"/> Psychopathic personality |
| <input type="checkbox"/> Chronic alcoholism | <input type="checkbox"/> HIV infection | <input type="checkbox"/> Mental retardation | <input type="checkbox"/> Sexual deviation |
| <input type="checkbox"/> Gonorrhea | <input type="checkbox"/> Insanity | <input type="checkbox"/> Narcotic drug addiction | <input type="checkbox"/> Syphilis, infectious |
| <input type="checkbox"/> Granuloma inguinale | <input type="checkbox"/> Lymphogranuloma venereum | <input type="checkbox"/> Previous occurrence of one or more attacks of insanity | <input type="checkbox"/> Tuberculosis, active |

Class B Conditions

- Hansen's disease, not infectious Tuberculosis, not active
- Other physical defect, disease or disability (specify below).

Examination for Tuberculosis - Tuberculin Skin Test

Reaction _____ mm No reaction Not Done
 Doctor's name (please print) _____ Date read _____

Examination for Tuberculosis - Chest X-Ray Report

Abnormal Normal Not done
 Doctor's name (please print) _____ Date read _____

Serologic Test for Syphilis

Reactive Titer (confirmatory test performed) Nonreactive
 Test Type _____
 Doctor's name (please print) _____ Date read _____

Serologic Test for HIV Antibody

Positive (confirmed by Western blot) Negative
 Test Type _____
 Doctor's name (please print) _____ Date read _____

Immunization Determination (DTP, OPV, MMR, Td-Refer to *PHS Guidelines* for recommendations.)

- Applicant is current for recommended age-specific immunizations. Applicant is not current for recommended age-specific immunizations and I have encouraged that appropriate immunizations be obtained.

REMARKS:

Civil Surgeon Referral for Follow-Up of Medical Condition

- The alien named above has applied for adjustment of status. A medical examination conducted by me identified the conditions above which require resolution before medical clearance is granted or for which the alien may seek medical advice. Please provide follow-up services or refer the alien to an appropriate health care provider. The actions necessary for medical clearance are detailed on the reverse of this form.

Follow-Up Information:

The alien named above has complied with the recommended health follow-up.

Doctor's name and address (please type or print clearly) _____ Doctor's signature _____ Date _____

Application Certification

I certify that I understand the purpose of the medical examination, I authorize the required tests to be completed, and the information on this form refers to me.

Signature _____ Date _____

Civil Surgeon Certification:

My examination showed the applicant to have met the medical examination and health follow-up requirements for adjustment of status.

Doctor's name address (please type or print clearly) _____ Doctor's signature _____ Date _____

**Medical Clearance Requirements
for Aliens Seeking Adjustment of Status**

Medical Condition	Estimate Time For Clearance	Action Required
<i>*Suspected Mental Conditions</i>	5 - 30 Days	The applicant must provide to a civil surgeon a psychological or psychiatric evaluation from a specialist or medical facility for final classification and clearance.
<i>Tuberculin Skin Test Reaction and Normal Chest X-Ray or Abnormal Chest X-Ray</i>	Immediate	The applicant should be encouraged to seek further medical evaluation for possible preventive treatment.
<i>Tuberculin Skin Test Reaction and Abnormal Chest X-Ray (Inactive/Class B)</i>	10 - 30 Days	The applicant should be referred to a physician or local health department for further evaluation. Medical clearance may not be granted until the application returns to the civil surgeon with documentation of medical evaluation for tuberculosis.
<i>Tuberculin Skin Test Reaction and Abnormal Chest X-Ray or Abnormal Chest X-Ray (Active of Suspected Active/Class A)</i>	10 - 300 Days	The applicant should obtain an appointment with physical or local health department. If treatment for active disease is started, it must be completed (usually 9 months) before a medical clearance may be granted. At the completion of treatment, the applicant must present to the civil surgeon documentation of completion. If treatment is not started, the applicant must present to the civil surgeon documentation of medical evaluation for tuberculosis.
<i>Hansen's Disease</i>	30 - 210 Days	Obtain an evaluation from a specialist or Hansen's disease clinic. If the disease is indeterminate or Tuberculoid, the applicant must present to the civil surgeon documentation of medical evaluation. If disease is Lepromatous or Borderline (dimorphous) and treatment is started, the applicant must complete at least 6 months and present documentation to the civil surgeon showing adequate supervision, treatment and clinical response before a medical clearance is granted.
<i>**Venereal Diseases</i>	1 - 30 Days	Obtain an appointment with a physician or local public health department. An applicant with a reactive serologic test for syphilis must provide to the civil surgeon documentation of evaluation for treatment. If any of the venereal diseases are infectious, the applicant must present to the civil surgeon documentation of completion of treatment.
<i>Immunizations Incomplete</i>	Immediate	Immunizations are not required, but the applicant should be encouraged to go to a physician or local health department for appropriate immunizations.
<i>HIV Infection</i>	Immediate	Post-test counseling is not required, but the applicant should be encouraged to seek appropriate post-test counseling.

*Mental retardation; insanity; previous attack of insanity; psychopathic personality, sexual deviation or mental defect; narcotic drug addition; and chronic alcoholism.

**Chancroid; gonorrhea; granuloma inguinale; lymphogranuloma venereum; and syphilis.

Medical Examination of Aliens Seeking Adjustment of Status

(Please type or print clearly)

I certify that on the date shown I examined:

1. Name (Last in CAPS)

(First)

(Middle Initial)

2. Address (Street number and name) (Apt. number)

(City)

(State)

(Zip Code)

3. File number (A number)

4. Sex

Male

Female

5. Date of birth (MM/DD/YYYY)

6. Country of birth

7. Date of examination (MM/DD/YYYY)

General Physical Examination: I examined specifically for evidence of the conditions listed below. My examination revealed:

No apparent defect, disease or disability.

The conditions listed below were found (check all boxes that apply).

Class A Conditions

Chancroid

Hansen's disease, infectious

Mental defect

Psychopathic personality

Chronic alcoholism

HIV infection

Mental retardation

Sexual deviation

Gonorrhea

Insanity

Narcotic drug addiction

Syphilis, infectious

Granuloma inguinale

Lymphogranuloma venereum

Previous occurrence of one

Tuberculosis, active

or more attacks of insanity

Class B Conditions

Hansen's disease, not infectious

Tuberculosis, not active

Other physical defect, disease or disability (specify below).

Examination for Tuberculosis - Tuberculin Skin Test

Reaction _____mm

No reaction

Not Done

Doctor's name (please print)

Date read

Examination for Tuberculosis - Chest X-Ray Report

Abnormal

Normal

Not done

Doctor's name (please print)

Date read

Serologic Test for Syphilis

Reactive Titer (confirmatory test performed)

Nonreactive

Test Type

Doctor's name (please print)

Date read

Serologic Test for HIV Antibody

Positive (confirmed by Western blot)

Negative

Test Type

Doctor's name (please print)

Date read

Immunization Determination (DTP, OPV, MMR, Td-Refer to *PHS Guidelines* for recommendations.)

Applicant is current for recommended age-specific immunizations.

Applicant is not current for recommended age-specific immunizations and I have encouraged that appropriate immunizations be obtained.

REMARKS:

Civil Surgeon Referral for Follow-Up of Medical Condition

The alien named above has applied for adjustment of status. A medical examination conducted by me identified the conditions above which require resolution before medical clearance is granted or for which the alien may seek medical advice. Please provide follow-up services or refer the alien to an appropriate health care provider. The actions necessary for medical clearance are detailed on the reverse of this form.

Follow-Up Information:

The alien named above has complied with the recommended health follow-up.

Doctor's name and address (please type or print clearly)

Doctor's signature

Date

Application Certification

I certify that I understand the purpose of the medical examination, I authorize the required tests to be completed, and the information on this form refers to me.

Signature

Date

Civil Surgeon Certification:

My examination showed the applicant to have met the medical examination and health follow-up requirements for adjustment of status.

Doctor's name address (please type or print clearly)

Doctor's signature

Date

I-693

**Medical Clearance Requirements
for Aliens Seeking Adjustment of Status**

Medical Condition	Estimate Time For Clearance	Action Required
<i>*Suspected Mental Conditions</i>	5 - 30 Days	The applicant must provide to a civil surgeon a psychological or psychiatric evaluation from a specialist or medical facility for final classification and clearance.
<i>Tuberculin Skin Test Reaction and Normal Chest X-Ray or Abnormal Chest X-Ray</i>	Immediate	The applicant should be encouraged to seek further medical evaluation for possible preventive treatment.
<i>Tuberculin Skin Test Reaction and Abnormal Chest X-Ray (Inactive/Class B)</i>	10 - 30 Days	The applicant should be referred to a physician or local health department for further evaluation. Medical clearance may not be granted until the application returns to the civil surgeon with documentation of medical evaluation for tuberculosis.
<i>Tuberculin Skin Test Reaction and Abnormal Chest X-Ray or Abnormal Chest X-Ray (Active of Suspected Active/Class A)</i>	10 - 300 Days	The applicant should obtain an appointment with physical or local health department. If treatment for active disease is started, it must be completed (usually 9 months) before a medical clearance may be granted. At the completion of treatment, the applicant must present to the civil surgeon documentation of completion. If treatment is not started, the applicant must present to the civil surgeon documentation of medical evaluation for tuberculosis.
<i>Hansen's Disease</i>	30 - 210 Days	Obtain an evaluation from a specialist or Hansen's disease clinic. If the disease is indeterminate or Tuberculoid, the applicant must present to the civil surgeon documentation of medical evaluation. If disease is Lepromotous or Borderline (dimorphous) and treatment is started, the applicant must complete at least 6 months and present documentation to the civil surgeon showing adequate supervision, treatment and clinical response before a medical clearance is granted.
<i>**Venereal Diseases</i>	1 - 30 Days	Obtain an appointment with a physician or local public health department. An applicant with a reactive serologic test for syphilis must provide to the civil surgeon documentation of evaluation for treatment. If any of the venereal diseases are infectious, the applicant must present to the civil surgeon documentation of completion of treatment.
<i>Immunizations Incomplete</i>	Immediate	Immunizations are not required, but the applicant should be encouraged to go to a physician or local health department for appropriate immunizations.
<i>HIV Infection</i>	Immediate	Post-test counseling is not required, but the applicant should be encouraged to seek appropriate post-test counseling.

*Mental retardation; insanity; previous attack of insanity; psychopathic personality, sexual deviation or mental defect; narcotic drug addition; and chronic alcoholism.

**Chancroid; gonorrhea; granuloma inguinale; lymphogranuloma venereum; and syphilis.

Medical Examination of Aliens Seeking Adjustment of Status

(Please type or print clearly)

I certify that on the date shown I examined:

3. File number (A number)

4. Sex

Male

Female

5. Date of birth (MM/DD/YYYY)

6. Country of birth

7. Date of examination (MM/DD/YYYY)

1. Name (Last in CAPS)

(First)

(Middle Initial)

2. Address (Street number and name)

(Apt. number)

(City)

(State)

(Zip Code)

General Physical Examination: I examined specifically for evidence of the conditions listed below. My examination revealed:

No apparent defect, disease or disability.

The conditions listed below were found (check all boxes that apply).

Class A Conditions

Chancroid

Hansen's disease, infectious

Mental defect

Psychopathic personality

Chronic alcoholism

HIV infection

Mental retardation

Sexual deviation

Gonorrhea

Insanity

Narcotic drug addiction

Syphilis, infectious

Granuloma inguinale

Lymphogranuloma venereum

Previous occurrence of one or more attacks of insanity

Tuberculosis, active

Class B Conditions

Hansen's disease, not infectious

Tuberculosis, not active

Other physical defect, disease or disability (specify below).

Examination for Tuberculosis - Tuberculin Skin Test

Reaction _____mm

No reaction

Not Done

Doctor's name (please print)

Date read

Examination for Tuberculosis - Chest X-Ray Report

Abnormal

Normal

Not done

Doctor's name (please print)

Date read

Serologic Test for Syphilis

Reactive Titer (confirmatory test performed)

Nonreactive

Test Type

Doctor's name (please print)

Date read

Serologic Test for HIV Antibody

Positive (confirmed by Western blot)

Negative

Test Type

Doctor's name (please print)

Date read

Immunization Determination (DTP, OPV, MMR, Td-Refer to *PHS Guidelines* for recommendations.)

Applicant is current for recommended age-specific immunizations.

Applicant is not current for recommended age-specific immunizations and I have encouraged that appropriate immunizations be obtained.

REMARKS:

Civil Surgeon Referral for Follow-Up of Medical Condition

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Follow-Up Information:

The alien named above has complied with the recommended health follow-up.

Doctor's name and address (please type or print clearly)

Doctor's signature

Date

Application Certification

I certify that I understand the purpose of the medical examination, I authorize the required tests to be completed, and the information on this form refers to me.

Signature

Date

Civil Surgeon Certification:

My examination showed the applicant to have met the medical examination and health follow-up requirements for adjustment of status.

Doctor's name address (please type or print clearly)

Doctor's signature

Date

**Medical Clearance Requirements
for Aliens Seeking Adjustment of Status**

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<i>Tuberculin Skin Test Reaction and Abnormal Chest X-Ray or Abnormal Chest X-Ray (Active or Suspected Active/Class A)</i>	10 - 300 Days	The applicant should obtain an appointment with physical or local health department. If treatment for active disease is started, it must be completed (usually 9 months) before a medical clearance may be granted. At the completion of treatment, the applicant must present to the civil surgeon documentation of completion. If treatment is not started, the applicant must present to the civil surgeon documentation of medical evaluation for tuberculosis.
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<i>Immunizations Incomplete</i>	Immediate	Immunizations are not required, but the applicant should be encouraged to go to a physician or local health department for appropriate immunizations
<i>HIV Infection</i>	Immediate	Post-test counseling is not required, but the applicant should be encouraged to seek appropriate post-test counseling.

*Mental retardation; insanity; previous attack of insanity; psychopathic personality, sexual deviation or mental defect; narcotic drug addition; and chronic alcoholism.

**Chancroid; gonorrhea; granuloma inguinale; lymphogranuloma venereum; and syphilis.