

Family Name (Last Name)		Given Name (First Name)		Middle Name	
Physical Address - street number and name					Apt
City or Town:			State:	Zip Code:	
Sex: M F	Date of Birth (mm/dd/yyyy)		Age	City/Town/Village of Birth	
Country of Birth:			Alien Registration Number (if any)	A-	

Phone Number		Email:			
Photo ID (circle one): DL PP #					
Is this the first time you are filing I-693			YES	NO	
Have you ever been hospitalized?			YES	NO	
Have you ever been hospitalized on in institutions for chronic conditions—either physical or mental?			YES	NO	
Have you had any harmful behavior to others?			YES	NO	
Any illness or disabilities resulting in a substantial departure from a normal state of wellbeing? Y N					
Any use of psychoactive drug or alcohol abuse, or history or harmful behavior? Y N					
Current Medications:					
Hospitalizations:					
If female, are you pregnant?					
COVID Vaccine	Pfizer	J&J	Moderna		
1 <sup>ST</sup> DOSE -		2 <sup>ND</sup> DOSE -		BOOSTER-	

**FOR DOCTOR'S USE ONLY:**

		DATE			DATE
PHYSICAL EXAMINATION	200				
			SYPHILIS	50	
INFLUENZA	30		TUBERCULOSIS –IGRA	100	
MMR	120		GONORRHEA-URINE	60	
MMR- BLOOD	150				
VARICELLA	160		HEPATITIS B ANTIBODY	50	
TETANUS-PERTUSSIS	65				
PNEUMOVAX-23	140		Cash Discount	-20	
HEPATITIS B	90		Extra Copy	50	

I am aware that the administration of a vaccine can result if fever, swelling, localized reaction and rarely, Guillan-Barre Syndrome. Live vaccines are contra-indicated in pregnant and immunosuppressed individuals.

Signature of patient

Date

Pick up person and date: \_\_\_\_\_

Worksheet for USCIS Form I-693 Report of Medical Examination and Vaccine Record: Pleasanton Medical Group, 5924 Stoneridge Drive, Ste 103, Pleasanton CA

PLEASE RESCHEDULE IF YOU HAVE FEVER, COUGH, OR COVID-19 SYMPTOMS

SURGICAL MASK IS REQUIRED - IF YOU DO NOT HAVE ONE, WE WILL GIVE YOU ONE

FOR UPDATES AND STATUS Email: [pleasantonmedical@outlook.com](mailto:pleasantonmedical@outlook.com)

**Once completed, you will get a PDF in you email for review. If acceptable, make an appointment to com in and sign the i693, and we will place it in a sealed envelope. Send this to your lawyer or mail to INS.**

EXAMINATION ---- ALL INDIVIDUALS REQUIRE IMMUNIZATIONS AND TESTS--

### IMMUNIZATIONS

ALL ADULTS REQUIRE COVID, TETANUS, HEPATISI B, AND MMR. HISTORY OF EXPOSURE TO CHICKEN POX IS REQUIRED; OTHERWISE, VARICELLA VACCINE IS NEEDED. SENIOR CITIZENS REQUIRE PENUMONIA (but no MMR)

(OCTOBER 1<sup>ST</sup> – MARCH 31<sup>ST</sup> - FLU VACCINE REQUIRED)

	IMMIGRATION OFFICE	KAISER/OTHER	BLOOD TEST
MMR	FAST \$120	?SPEED MAY NEED TO GET ANTIBODY TESTS (BUT NEED FOR ALL THREE).	\$150--- IF NO ANTIBODIES WILL REQUIRE VACCINATION. IF PREGNANT REQUIRED.
TETANUS	FAST \$65	?SPEED, FAST IF THEY HAVE A CLINIC	IF PREGNANT
HEPATITIS B	FAST \$90	CVS-\$130	ANTIBODY TEST IF IMMUNIZED BEFORE COST \$50

### TESTS

ALL INDIVIDUALS 15yrs AND ABOVE REQUIRE SYPHILLIS AND GONORRHEA

	IMMIGRATION OFFICE	KAISER/PPO/OTHER
TUBERCULOSIS – 2YRS + BLOOD INTERFERON GOLD	\$100 PREPAID AT LABCORP. TAKES 4-5 DAYS FOR RESULT	
SYPHILIS	\$50 NEXT DAY RESULTS	
GONORRHEA	\$60 NEXT DAY RESULTS	

Our lab with discount pricing is LabCorp

Walgreens- Pleasanton 1763 Santa Rita Road Phone(925)426-1562

5860 Owens Dr, Suite 120, Pleasanton. Open Monday-Friday 7:30 to 4pm, and Saturday 8am to 12 pm. Call (925) 460-9401 <https://www.labcorp.com/labs-and-appointments/results?locID=29872>

**No appointment needed: 2305 Camino Ramon, Suite 110. San Ramon. Mon-Fri 7am-6pm; Sat 8am-12 pm**