

USCIS (formerly INS) Medical Exam Process

The following information is an outline of the USCIS Examination process at Texas MedClinic, including the forms and medical information you will need to provide and an estimate of the fees that you will be charged.

THIS ENTIRE EXAMINATION PROCESS WILL TAKE AT LEAST 5-7 DAYS.

FORMS REQUIRED TO BE COMPLETED AT THE TIME OF YOUR EXAMINATION

- Texas MedClinic Immigration Health History Questionnaire**
 - Complete the additional medical history required by Texas MedClinic
- I-693, Medical Examination of Aliens Seeking Adjustment of Status**
 - Fill out questions in Part 1 AND SIGN THE “APPLICATION CERTIFICATION” SECTION AT THE BOTTOM.

USCIS has announced that, effective November 1, 2018, a Form I-693, Report of Medical Examination and Vaccination Record (Medical Exam), will be valid only when a civil surgeon has signed it no more than 60 days before the filing date of the Form I-485, Application to Register Permanent Residence or Adjust Status.

If this condition is met, the Medical Exam will remain valid for a two-year period following the date the civil surgeon signed it. Therefore, it is important that you complete your medical exam RIGHT BEFORE you file your I-485, Application to Register Permanent Residence or Adjust Status.

EXAM AND TESTING

- Review Your Immunizations with the Physician** - Please provide to the Texas MedClinic physician all available immunization records. If no proof of prior immunizations is available, you must begin a new series based on age requirements. These immunizations may be obtained at Texas MedClinic today, or at your primary care doctor, or at the local health department. **Your I-693 form can be completed with a waiver if you cannot complete a particular immunization series today.** **NOTE:** Please notify the physician if you have had the chicken pox (varicella). The varicella immunization is required for those who have not had chicken pox.
- Submit to the Physical Exam** - The physical exam will be performed by the Texas MedClinic physician.
- Submit to a blood test**
 - A Tb blood test is required for ages 2 years and older. Those between 2-15 years of age, will be given a referral to an outside lab to have blood drawn. A positive Tb blood test may require a Chest X-ray, including pregnant women. Any applicant under 18 will be referred to an outside imaging facility to obtain the Chest X-ray.
 - Blood tests for syphilis (RPR) are required for ages 15 years and older.

PAYMENT

- Pay at time of service** - Full payment is expected at time of service. Cash, check, and credit cards are accepted.

FOLLOW-UP

- Return to clinic to pick up your exam packet** - Your complete packet of forms **WILL NOT BE MAILED.** Within 5-7 days, the Texas MedClinic physician will complete the required paperwork if all requirements are met. Please call the clinic to arrange a pick-up time and date. This paper work will be in a sealed envelope as required by USCIS. A copy of the contents will be given to you for your review.

FEE SCHEDULE

| Exam | Age | Price |
|--|----------------|--------------|
| <input type="checkbox"/> I-693, Medical Examination of Aliens Seeking Adjustment of Status | ALL | \$156 |
| <input type="checkbox"/> T-Spot Blood Test | 2 yrs & older | \$90 |
| <input type="checkbox"/> Syphilis Blood Test | 15 yrs & older | \$68 |
| <input type="checkbox"/> Venipuncture | 15 yrs & older | \$26 |
| <input type="checkbox"/> Gonorrhea Urine Test (TMA) | 15 yrs & older | \$54 |
| Total: | | \$394 |
| <input type="checkbox"/> Chest X-ray, Required for any positive (+) Tb Blood Test Result | 2 yrs & older | |

| Immunizations | Age |
|---|------------------|
| <input type="checkbox"/> Hepatitis B | 0-19 yrs |
| <input type="checkbox"/> Hepatitis A each/ requires 2 | 12-23 months |
| <input type="checkbox"/> Diphtheria Tetanus & Pertussis(DTaP) | 2 months – 11yrs |
| <input type="checkbox"/> Poliomyelitis (Polio) | 2 months-18yrs |
| <input type="checkbox"/> Varicella (Chicken Pox) | 1 yr & older |
| <input type="checkbox"/> Tetanus, Diphtheria Pertussis(Tdap) | 11 yrs & older |
| <input type="checkbox"/> Influenza (Flu) | 6 months & older |
| <input type="checkbox"/> Tetanus and Diphtheria (Td) | 65 yrs & older |
| <input type="checkbox"/> Measles, Mumps, Rubella (MMR) | Born after 1956 |
| <input type="checkbox"/> Meningococcal | 11-18 yrs |