

USCIS (formerly INS) Medical Exam Process

The following information is an outline of the USCIS examination process at Texas MedClinic, including the forms/medical information you need to provide to us and an estimate of the fees 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
- I-693, Medical Examination of Aliens Seeking Adjustment of Status

USCIS announced that a Form I-693, Report of Medical Examination and Vaccination Record (Medical Exam), is 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 remains valid for two-years from the date the physician signed it. Therefore, it is important that you complete your medical exam **RIGHT BEFORE** you file your I-485.

EXAM AND TESTING

- Review All Available Immunization Records with the Physician

If no proof of immunization is available, you must begin a new series based on age requirements. Vaccines 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 specific 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 Performed by a Texas MedClinic Physician
- Submit to Blood Tests for Tuberculosis and Syphilis

- A Tuberculosis (Tb) blood test is required for ages 2 years and older. Those between 2-15 years of age will be sent to an outside lab to have blood drawn. A positive Tb blood test may require a chest x-ray, even for pregnant women. Any applicant under 18 will be referred to an outside imaging facility to obtain the chest x-ray.
- A blood test for syphilis (RPR) is required for ages 15 years and older.

PAYMENT

- 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 - The physician will complete the exam packet

The physician will complete the exam packet when all requirements are met. Please call the clinic to arrange a pick-up date and time. The paperwork will be in a sealed envelope as required by USCIS. A copy of the contents will be given to you.

NOTE: Your complete packet of forms **WILL NOT BE MAILED** by Texas MedClinic

FEES

Exam	Age	Price
<input type="checkbox"/> I-693, Medical Exam of Aliens Seeking Adjustment of Status	All	\$175
<input type="checkbox"/> T-Spot Blood Test	2 yrs & older	\$102
<input type="checkbox"/> Syphilis Blood Test	15 yrs & older	\$77
<input type="checkbox"/> Venipuncture	15 yrs & older	\$29
<input type="checkbox"/> Gonorrhea Urine Test (TMA)	15 yrs & older	\$60
Total		\$443
<input type="checkbox"/> Chest X-ray, Required for any positive (+) Tb Blood Test	18 yrs & older	\$98

**A new signed/sealed copy of USCIS packet is \$70, and is given under the following circumstances only:

1. There has been a change in the examinee's medical condition
2. The examinee signs an attestation statement regarding nature of original packet loss (lost/destroyed/stolen)

Exam	Age	Price
<input type="checkbox"/> Hepatitis B each/ requires 3	0-19 yrs	\$117
	Over 19 yrs	\$155
<input type="checkbox"/> Hepatitis A each/requires 2	1-18 yrs	\$108
	19 yrs & older	\$186
<input type="checkbox"/> Varicella (Chicken Pox)	1 yr & older	\$252
<input type="checkbox"/> Poliomyelitis (Polio)		\$108
<input type="checkbox"/> Diphtheria	Up to 6 yrs	\$59
<input type="checkbox"/> Tetanus, Diphtheria Pertussis	11 yrs & older	\$120
<input type="checkbox"/> COVID-19	5 yrs & older	\$0
<input type="checkbox"/> Influenza (Flu)	4 yrs & older	\$44
<input type="checkbox"/> Tetanus and Diphtheria (Td)		\$69
<input type="checkbox"/> Measles, Mumps, Rubella (MMR) Born after 1956		\$145
<input type="checkbox"/> Meningococcal		\$263