

NAME: _____
DATE: ____ / ____ / ____

CHECK LIST:

- Form. I-693 - Report of Medical Examination and Vaccination Record (Rev 06/05//08)N:
 - a) Part 1 - personal information;
 - b) Part 2 – medical examination: all items properly marked;
 - c) Vaccination is given and correctly marked;
 - d) Parts 3 & 4 checked if it is necessary to refer the patient to another professional;
 - e) Part 5 – Doctor’s information.

- Original blood tests results – HIV and RPR

- Sealed envelope with written sentence “DO NOT OPEN – USE FOR USCIS ONLY”

ACKNOWLEDGEMENT OF RECEIVING COMPLETED IMMIGRATION DOCUMENTS AND EXAMS IN A SEALED ENVELOPE

I, _____, received a sealed envelope from HF Medical Associates, PA, which includes original Form I-693 properly filled out and original blood tests results. I understand and I was informed by the clinic’s staff that, as an USCIS requirement, the envelope MUST NOT be open by anyone but an immigration officer. I was also informed that a fee will be charged by HF Medical Associates, PA if these instructions are not followed and a new sealed envelope is required.