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Desty Immigration Services

Adult Medical History (I-693)

Istwa Medikal Adilt (I-693)

Patient Name / Non pasyan:

Date of Birth / Dat nesans:

Medical History / Istwa Medikal

Have you ever had any of the following? / Èske ou janm gen youn nan kondisyon sa yo?

Heart disease or high blood pressure / Maladi kè oswa tansyon wo	Yes / Wi	No
Diabetes / Dyabèt	Yes / Wi	No
Asthma or breathing problems / Opresyon oswa pwoblèm respirasyon	Yes / Wi	No
Seizures / Kriz	Yes / Wi	No
Mental health conditions / Pwoblèm sante mantal	Yes / Wi	No
Hospitalizations or surgeries / Lopitalizasyon oswa operasyon	Yes / Wi	No
Long-term medical conditions / Kondisyon medikal alontèm	Yes / Wi	No
None of the above / Okenn nan sa yo	Yes / Wi	No

If yes, please explain / Si wi, tanpri eksplike:

TB Screening / Depistaj TB

Tuberculosis (TB) or positive TB test / Tibèkiloz (TB) oswa tès TB pozitif	Yes / Wi	No
Close contact with someone with TB / Kontak sere ak yon moun ki gen TB	Yes / Wi	No
Born in or lived in a country with high TB prevalence? / Èske ou te fèt oswa viv nan yon peyi kote TB souvan?	Yes / Wi	No
Night sweats, prolonged cough, fever, or weight loss? / Swe lannwit, tous ki dire lontan, lafyèv, oswa pèdi pwa?	Yes / Wi	No

Vaccination History / Istwa Vaksen

Up to date on vaccines? / Èske vaksen ou yo ajou?	Yes / Wi	No
Any vaccine reactions? / Èske ou te gen reyaksyon ak vaksen?	Yes / Wi	No

Medications / Medikaman

List current medications (name & dose) / Lis medikaman w ap pran (non ak dòz):

Drug Allergies ONLY / Alerji Medikaman SÈLMAN

List medication allergies and reactions / Lis alèji ak reyaksyon medikaman:

No known drug allergies / Pa gen alèji medikaman mwen konnen

Patient Signature / Siyati pasyan:

Date / Dat: