



Child Medical History (I-693)

Child Name / Non timoun nan: Istorik Medikal Timoun (I-693)

Medical History / Istorik Medikal

Has your child ever had any of the following? / Èske timoun ou a janm gen youn nan pwoblèm sa yo?

Yes / Wi **No / Non**

TB or positive TB test / TB oswa tè s TB pozitif
Close contact with someone with TB / Te gen kontak pwòch ak youn moun ki gen TB
Asthma or breathing problems / Asma oswa pwoblèm pou respire
Hospitalizations or surgeries / Entèn lopital oswa operasyon
Seizures / Kriz / Konvilsiyon
Developmental delays / Reta nan devlopman
Behavioral or mental health concerns / Pwoblèm konpòtman oswa sante mantal
Long-term medical conditions / Maladi ki dire lontan
None of the above / Okenn nan sa yo
If yes, please explain / Si wi, tanpri eksplike:

Vaccination History / Vaksinasyon

Up to date on vaccines? Yes / Wi No / Non
Any vaccine reactions? Yes / Wi No / Non

Please send a photo of the vaccination record / Tanpri voye yon foto dosye vaksen an

Medications / Medikaman

List medications / Lis medikaman timoun nan ap pran:

None / Pa pran okenn medikaman

Child Medical History (I-693) / Istorik Medikal Timoun (I-693)

Drug Allergies ONLY / Alèji ak Medikaman SÈLMAN

List medication allergies / Lis alèji ak medikaman:

No known drug allergies / Pa gen alèji ak medikaman li konnen

TB Screening / Depistaj TB

Lived or traveled outside the U.S.? Yes / Wi No / Non

Long cough, fever, or weight loss? Yes / Wi No / Non