



**USCIS I-693 IMMIGRATION MEDICAL EXAM — MINOR INTAKE**  
**EGZAMEN MEDIKAL IMIGRASYON USCIS I-693 — ENSKRIPSYON TIMOUN**

For patients under 18 years old — payment must be completed before intake.  
*Pou pasyan ki gen mwens pase 18 an — peman dwe fèt anvan enskripsyon.*

**1. CHILD IDENTIFICATION / IDANTIFIKASYON TIMOUN**

Child's Full Legal Name / Non legal konplè timoun nan:

DOB / Dat nesans:  Country of Birth / Peyi nesans:

City of Birth / Vil nesans:  Gender / Sèks:

A-Number (if available) / Nimewo A (si genyen):

**2. PARENT / GUARDIAN INFORMATION / ENFÒMASYON PARAN / GADYAN**

Parent/Guardian Full Name / Non konplè paran/gadyan:

Relationship to Child / Relasyon ak timoun:  Phone / Telefòn:

Email / Imèl:

**3. TB HISTORY (IMPORTANT) / ISTWA TB (ENPÒTAN)**

Any history of tuberculosis (TB) or treatment for TB? Yes / Wi  No / No   
*Èske timoun nan janm gen TB oswa tretman pou TB?*

**4. VACCINATION HISTORY / ISTWA VAKSEN**

Vaccination records available? Yes / Wi  No / No   
*Èske dosye vaksen disponib?*

**5. LAB HISTORY (IF APPLICABLE) / ISTWA LABORATWA (SI APLIKAB)**

Prior TB test (date/result) / Tès TB anvan (dat/rezilta):

Chest X-ray (if done) / Radyografi pwatrin (si fèt):

**6. INSURANCE INFORMATION (OPTIONAL) / ENFÒMASYON ASIRANS (OPSYONÈL)**

Does the child have health insurance? Yes / Wi  No / No   
*Èske timoun nan gen asirans sante?*

If yes, insurance name / Si wi, non asirans lan:

**7. PARENT / GUARDIAN ATTESTATION & CONSENT / DEKLARASYON & KONSANTMAN PARAN/GADYAN**

I attest the information provided is true and consent to the USCIS I-693 exam for the child.

*Mwen konfime enfòmasyon yo kòrèk epi mwen dakò pou egzamen USCIS I-693 pou timoun nan.*

Parent/Guardian Signature / Siyati paran/gadyan:  Date / Dat: