

The following information is an outline of the USCIS examination process at AFC Urgent Care, 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 7-10 DAYS.

FORMS REQUIRED TO BE COMPLETED AT THE TIME OF YOUR EXAMINATION

- ☐ **AFC Urgent Clinic Immigration Health History Questionnaire**
- ☐ **I-693, Medical Examination of Aliens Seeking Adjustment of Status**

Submit your completed Form I-693 in the sealed envelope to USCIS. Form I-693 remains valid for two years from the date of the civil surgeon's signature.

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 AFC Urgent Care 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 the chicken pox infection.

- ☐ **Submit to the Physical Exam Performed by a AFC Urgent Care 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 18 years to 44 years

- Applicants aged less than 18 years or 45 years or greater must be tested if there is reason to suspect infection with syphilis.

- ☐ **Submit to urine test for Gonorrhea**

- A urine test for gonorrhea is required for ages 18 to 24 years

- Applicants aged less than 18 years or greater than 24 years must be tested if there is a reason to suspect infection with gonorrhea.

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 AFC Urgent Care.

FEES

Immunizations	Age	Price
<input type="checkbox"/> I-693, Medical Exam of Aliens Seeking Adjustment of Status	All	\$197
<input type="checkbox"/> QuantiFERON-TB Gold Plus [182913]	2 yrs & older	\$115
<input type="checkbox"/> Syphilis Blood Test	18 -44 yrs	\$87
<input type="checkbox"/> Venipuncture	All	\$33
<input type="checkbox"/> Gonorrhea Urine Test (TMA)	18 - 24 yrs	\$70
Total		\$502
<input type="checkbox"/> Chest X-ray, Required for any positive (+) Tb Blood Test	18 yrs & older	\$111

**A new signed/sealed copy of USCIS packet is \$76, and is given under the following circumstances only:

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

Immunizations	Age	Price
<input type="checkbox"/> Hepatitis B each/ requires 3	0-19 yrs	\$133
	Over 19 yrs	\$171
<input type="checkbox"/> Hepatitis A each/ requires 2	1-18 yrs	\$121
	19 yrs & older	\$210
<input type="checkbox"/> Varicella (Chicken Pox)	1 yr & older	\$284
<input type="checkbox"/> Poliomyelitis (Polio)		\$121
<input type="checkbox"/> Tetanus, Diphtheria & Pertussis	11 yrs & older	\$136
<input type="checkbox"/> Influenza (Flu)	4 yrs & older	\$48
<input type="checkbox"/> Influenza High Dose (Flu)	65 yrs & older	\$80
<input type="checkbox"/> Tetanus and Diphtheria (Td)		\$78
<input type="checkbox"/> Measles, Mumps, Rubella (MMR)	Born after 1956	\$164
<input type="checkbox"/> Meningococcal		\$297
<input type="checkbox"/> Pneumococcal	Not available at TMC	