



FORM I-693

Attention! Read the entire form carefully. Fill in the blanks completely, accurately. Check your answers for correct spelling, grammar, punctuation and accuracy.

A# _____

NAME _____ / _____ / _____
(LAST) (FIRST) (MIDDLE)

BIRTH DATE ____/____/____

VILLAGE, CITY OF BIRTH _____

COUNTRY OF BIRTH _____

CURRENT ADDRESS _____

HOME PHONE _____ CELLPHONE _____

E-MAIL ADDRESS _____

EMERGENCY CONTACT _____

Attention to All applicants i-693

Please Be informed that each person who is applying for immigration Medical Exam Form i-693 will be responsible to pick-up and sign on thir own application (no one else can sign behalf of you on the application)

SIGNATURE _____ DATE _____