

Patient Information (USCIS Medical Exam)

LAST NAME

FIRST NAME

MIDDLE NAME

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HOME ADDRESS

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CITY

STATE

ZIP

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PHONE #

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DATE OF BIRTH (MM/DD/YYYY)

AGE

GENDER

		M	F	
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PLACE OF BIRTH (CITY/TOWN/VILLAGE)

COUNTRY OF BIRTH

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■ **PLEASE HAVE THESE MATERIALS READY PRIOR TO THE EXAM :**

- ▷ **PASSPORT AND/OR DRIVERS LICENSE**
- ▷ ***MARRIAGE CERTIFICATE IF YOUR LAST NAME HAS BEEN CHANGED**
- ▷ **IMMUNIZATION/VACCINATION RECORD OR YELLOW CARD**

IF THE APPLICANT DOES NOT HAVE A PROPER DOCUMENTATION OF IMMUNIZATIONS, THE APPLICANT WILL BE ASKED TO BE IMMUNIZED AT THE TIME OF EXAMINATION. THE EXAMINATION CANNOT BE COMPLETED WITHOUT THE IMMUNIZATIONS REQUIRED BY USCIS.