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| Logo  Description automatically generated | Uchenna Ozuah, MD.27045 E. University Dr. Ste 2DAubrey, Tx. 76227P: 469-262-2065 F: 469-694-3398 |

**USCIS Evaluation for Form I-693**

**Minor Consent (Age 14 and under)**

**\* Total Cost: $300 (two visits, labs, final completion of forms, sealed)**

**\* 1st Visit for Medical Consultation/Initial Exam & Labs:**

What to bring: State/Government issued photo ID, international passport, all immunization records and completed USCIS Form I-693 printed from the USCIS website– \*Only Form I-693 Edition 07/19/22 will be accepted. Please verify the form you print contains the following: the U.S. Department of Homeland Security seal in the top left corner of the page, “Expires 7/31/2025” top right corner of first page, and the encrypted barcode at the bottom of EACH page. If you need assistance completing Form I-693, please click the USCIS “Instructions for Form I-693" link, directly below the PDF link used to print.

NOTE: Any forms requiring in-office printing will be an additional $10 charge.

**All COVID vaccine series must be completed/received prior to scheduling your first appointment. Effective July 25, 2022, the lowered age limit for the COVID vaccine is now 6 months of age. Anyone requesting a USCIS Medical Exam on or after this date will be subject to the updated guidelines. The new criteria require the entire primary vaccine series (# of doses depending on vaccine formulation) must be completed in addition to any other routinely required vaccines.**

Required Vaccines**:**  \*Td/Tdap \*Influenza >6 months **\***Polio **\***MMR

\*Rotavirus \*Hib \*Hepatitis A \*Hepatitis B

\*Meningococcal \*Varicella \*Pneumococcal- PCV

\*COVID- complete primary series

Lab work:  \*TB QuantiFERON= \*\*Required test regardless of age or status

\* MMR titers

\* Varicella titer

**\*2nd Visit Lab Review, Vaccine/Exam/Form Completion:**

All required vaccines must be completed/received prior to your 2nd visit (or during your 2nd visit, if you choose to receive any necessary vaccines from our office).

**Our office does administer certain vaccines. Each vaccine given is based on dosing formulation, patient’s age, medical history, lab results and Immunization records.**

**Flu vaccine= $30. Tdap vaccine= $75. MMR vaccine= $125. Hep-B= $150/dose.**

Any other necessary vaccine(s), based on titers measured or incomplete vaccination records, must be administered before you can receive clearance as stipulated by USCIS. You will be provided with appropriate prescription(s) to obtain any such vaccination(s) at the pharmacy of your choice.

 **TB QuantiFERON**: If positive, you will need a Chest X-ray. You will be given an order for imaging, which will be at your own expense. Upon receiving your Chest X-ray results, we will forward a referral to the Public Health Department in the county in which you reside, for an evaluation and/or treatment. Our office will call to update you throughout this process.

**Low MMR or Varicella** titers: You will be required to get any appropriate booster injections regardless of whether you have previously had the vaccines &/or the virus. These vaccines will be at your own expense and documentation/record of received vaccines will need to be provided to our office.

**\*\*Any additional office visits required beyond 2nd visit: $75 per visit.**

Total fees for 1st and 2nd visit (including labs, in-office vaccinations received & any printed forms, if necessary) will be collected at your initial appointment, in the amount of

$ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**I have read the above information regarding the Immigration Physical Exam, and I agree to the above policies.**

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**Parent/Guardian Signature** **Date**

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**Minor Patient’s Printed Name**  **Date of Birth**