Immigration Medical Questionnaire

Complete this form at least 24 hours prior to your appointment

Wednesday, September 7, 2022 at 2:22 PM (EDT)

Document Uploads Please upload your identification document		
Do you have health insurance coverage? Traveler's and short term-health insurance is no	ot accepted	
○ Yes ● No		
Do you have vaccination records?		
○ Yes ○ No		
Personal Information		
Please fill in all information <u>exactly</u> as you want Exam	it to appear on your USCIS Form I-693 Medical	
First Name	Middle Name	
James		
Last Name	Gender	
Malkoff	Male	
City of Birth	Country of Birth	
Stuart	Colombia	
Date of Birth (ex: 24 June 1982)	E-mail Address	
25 June 1984	director@gatewayimmigraiton.com	

Cell Phone Number	Daytime Phone Number
888-888-8888	
Home Address	Apt #
1458 SW 23rd St	
Current City	Zip Code
Coral Way	74934
Immigration Information	
Have you already mailed in your adjustment of	status / "green card" application (I-485) to USCIS?
Yes No	
Is there a law firm, attorney, paralegal or docur	ment preparer handling your immigration case?
Yes No	
What is the name of the office and/or individual	I handling your case?
Morrison Law	
How did you find out about our clinic?	
Google Search	
Interpreter Information	
Are you able to independently read, understand and respond in English?	
Yes No	

COVID-19 Vaccination Requirement

Applicants ages **6 months and older** must complete a primary COVID-19 vaccine series before the Civil Surgeon can sign their I-693 Report of Medical Exam and Vaccination Record. If the applicant receives a COVID-19 vaccine which contains multiple doses as part of the primary series, s/he must complete all doses to fulfill the USCIS requirement. Keep in mind that most COVID-19 vaccines with multiple doses require a wait of at least three to four weeks between the administration of the first and second doses.

If an applicant refuses to receive the full COVID-19 primary vaccine series, the Civil Surgeon must indicate on Form I-693 that the applicant does not meet immunization requirements (unless s/he fulfills the criteria for a medical exemption). This notation would result in the applicant being considered "medically inadmissible" which is grounds for the denial of their adjustment of status application.

Notwithstanding, individuals who refuse <u>all</u> vaccinations on moral and/or religious grounds may file a waiver of inadmissibility at a cost of \$930 using USCIS Form I-601. If you intend to file this waiver, please notify a member of the office staff prior to your appointment. Note that the USCIS officer reviewing your case will use their discretionary authority in deciding whether or not to approve a waiver of inadmissibility.

Have you already completed a primary COVID-19 vaccine series?
Yes No
Which brand of vaccine did you receive for the primary series?
Pfizer
FIRST DOSE OF COVID-19 VACCINE:
On what date was it administered?
1 Sep 2021
SECOND DOSE OF COVID-19 VACCINE:
On what date was it administered?
1 Sep 2022

Medical/Social Information

Do you have any allergies to medication, vaccines, food and/or the environment?
○ Yes ○ No
Do you have any chronic medical conditions?
Please list any medical condition(s) you have and the medication(s) used to treat them
Hypertension, Myocardial Infarction
Vaccination Consent
Vaccination Consent I consent to receive any vaccines that United States Citizenship and Immigration Services (USCIS) requires to be considered medically admissible for the adjustment of status ("green card") application. If I feel unwell or am running a fever (100.4° F/ 38° C) on the day of my appointment, I will notify a medical staff member prior to receiving any vaccines. I agree to hold harmless Gateway Medical, its staff and the civil surgeon overseeing my medical examination for any adverse reactions which may occur because of vaccines administered to me at the clinic.
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IMPORTANT: Prior to your appointment, please use the website link provided below to learn about the potential contraindications and common adverse reactions associated with any vaccines which you will receive here at Gateway Medical: https://www.cdc.gov/vaccines/hcp/vis/current-vis.html

Vaccine Patient Assistance

The fee for immigration medical examination (\$300/child and \$350/adult) includes a physical assessment as well as any necessary laboratory testing for immunity and transmittable diseases of public health significance. It does not include vaccines. If required for your case, vaccines are available at Gateway Medical for an additional charge. Here are the prices for the most commonly administered vaccines:

Tdap (tetanus, diphtheria and pertussis) - \$60 MMR (measles, mumps and rubella) -\$100 Varicella - \$160 Hepatitis B - \$80 Influenza - \$30

Certain applicants will qualify for free USCIS-required vaccines (except influenza) based on their household income. Those who qualify must fill out a patient assistance program form prior to confirm their eligibility receiving their vaccines. Here are the income criteria for the patient assistance program:

- 1 person household make less than \$33,975 per year
- 2 person household make less than \$45,775 per year
- 3 person household make less than \$57,575 per year
- 4 person household make less than \$69,375 per year
- 5 person household make less than \$81,175 per year
- 6 person household make less than \$92, 975 per year

Based on the criteria above, do you qualify for vaccine patient assistance?

Yes () No

Would you like to participate in the vaccine patient assistance program?

Yes () No

Passport Photos

USCIS requires that you submit two passport style photos along with each of the following applications:

I-485 (adjustment of status / green card)

I-765 (employment authorization / work permit)

I-131 (travel document / advance parole)

I-130 (petition for alien relative- marriage based)

In partnership we DNP Photo Imaging, we have installed a state-of-the-art passport photo booth kiosk in the lobby of our Oakland Park clinic. The kiosk is self-service and has been specifically designed to check that your photo meets all technical criteria prior to printing. Each pair of photos created at the photo kiosk costs \$14.99 (This is \$2 less than what most major pharmacies such as CVS/Walgreens currently charge)

Would you like to take passport photos during your appointment at the clinic?		
How many passport photos do you need?		
2 photos 4 photos 6 photos 8 photos 10 photos		
Health Insurance		
All green card applicants, even those without a social security number, are eligible to sign up for major medical health insurance via The Healthcare Marketplace (aka Obamacare) within 60 days of their arrival in the United States. Once those 60 days have elapsed, there is another opportunity to sign up for health insurance during the national open enrollment period which runs each year from November to January.		
Obamacare offers all eligible individuals health insurance regardless of their previous medical history and is able to offer even lower monthly rates for individuals who currently have low to moderate income. The plans are offered by private insurance companies but must adhere to certain standards such as offering coverage for preventative care, hospitalization, medication, primary care visits, specialist consultations, urgent care, imaging studies, physical therapy, laboratory testing, pregnancy, surgery, and mental health.		
Would you like to be contacted by a member of our health insurance broker team to learn more about Obamacare health insurance and receive assistance (if desired) enrolling in a health insurance plan?		
Yes please No thank you		

Office Policies

Legal Relationship

Although civil surgeons are fully licensed medical professionals, an immigration medical exam does NOT constitute engagement in a patient-doctor relationship. The civil surgeon is solely responsible for the examination of your health status and, when applicable, the treatment of communicable diseases in the manner outlined by the USCIS technical instructions and bears no responsibility to diagnose or treat other health conditions that you may have.

Medical Records

Upon completion of the immigration medical exam, we will provide your original Form I-693 in a sealed envelope. Do not open this envelope or your paperwork will be considered invalid. Per USCIS guidelines, we will also provide you with a photocopy of your Form I-693. If you need to obtain another copy your medical records at any point in the future, please call our client service line.

Requests for Evidence

If you receive a Request for Evidence (RFE) letter from the USCIS in response to a Form I-693 completed in our office, please contact us immediately so that we can resolve any deficiencies in your immigration paperwork. There will be no additional charge for this service provided we are able to determine that the RFE was generated in response to an oversight on the part of the civil surgeon or our office staff.

Health Insurance

Although our office does not hold any health insurance contracts, we may still be able to forward your insurance information to our laboratory, Quest Diagnostics, and/or our vaccine supplier, VaxCare, so that they can bill your health insurance company. In instances when this is possible and you affirm in-advance that you would like to use your insurance coverage for this purpose, our office will deduct the cost of the corresponding vaccination(s) and/or laboratory test(s) from your invoice. Our clinic and staff assume no liability for the outcome of any coverage and/or payment determinations made by your health insurance company. We suggest that you contact your insurance company prior to your visit to find out about your plan's specific benefits. If requested, our office will provide a list of service and diagnosis codes which may assist your insurance company in providing you with accurate benefits and coverage information.

Filing Deadline

It is your responsibility to ensure that you meet any filing deadlines. Adjustment of status applicants who have not already submitted their underlying adjustment of status application (Form I-485) prior to completing the immigration medical examination must submit their medical report (Form I-693) to USCIS within 60 days of the civil surgeon signing it, Clients who have exceeded their 60 day filing deadline may request an "update" to their Form I-693 at a cost of \$25 provided that not more than 180 days has passed since the date of the civil surgeon's original signature. After that period of time has elapsed, you may be required to undergo and pay for repeat laboratory testing and/or a new physical examination.

Adverse Reactions

If you feel that you are experiencing a serious allergic reaction to a vaccination which was

administered in the office, we ask that you contact us immediately at 800-339-9556. If you are too far away to visit us in-person and/or if the doctor is not available, please seek medical attention at a nearby urgent care clinic.

Vaccine Assistance Program

In certain circumstances, uninsured patients who meet predefined income guidelines will be offered the option to receive required vaccines free of charge by participating in one or more pharmaceutical company patient assistance programs. To apply, patients must provide demographic and income information which will be used strictly for administrative purposes and will not be shared with any governmental entities. If you choose not to participate in the program or are found to be ineligible for it, you will be responsible for the full cost of any vaccines you receive.

