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| \*\*INTERFILE\*\*  File No: MSC2190310000  A-Number: A201-000-000  Applicant Name: FIRSTNAME LASTNAME  **Medical Exam Enclosed**  **PLEASE ADD TO APPLICANT’S FILE**  \*\*INTERFILE\*\*  To:  USCIS National Benefits Center  ATTN: I-485 AOS  P.O. Box 648003  Lee’s Summit, MO 64002 |  |

8/7/2021

Subject: Interfile 1-693 Medical Report to Pending Form 1-485 (Adjustment of Status)

**First Name:** FIRSTNAME

**Last Name:** LASTNAME

**I-485 Receipt:** MSC2190310000

**A-Number:** A201-000-000

Dear Sir/Madam,

My adjustment of status application is currently pending. The visa numbers for my category are available for my priority date according to the most recent Department of State visa bulletin.

I request you to kindly please interfile my I-693 (Report of Medical Examination and Vaccination Record) form signed by the Civil Surgeon to the pending form I-485.

**My Case Details:**

Receipt: MSC2190310000

Receipt Date: 10/21/2020

Current Status: “Pending” as of 8/7/2021

**My Personal Details:**

Date of Birth: mm/dd/yyyy

Current US Address: 1000 Street, City, State 12345, United States

Email: myemail@gmail.com

Cell Phone: 555-123-4567

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| FIRSTNAME LASTNAME  (Primary Applicant) | **Enclosures:**  1. Copy of 1-797C, USCIS i-485 Receipt Notice  2. Sealed 1-693 Medical Report signed by the Civil Surgeon  3. Copy of I797, Approved I-140 EB2 for primary applicant  4. Copy of Driving License  5. Copy of Passport | |
| \*\*INTERFILE\*\*  File No: MSC2190310002  A-Number: A201-000-002  Applicant Name: FIRSTNAME LASTNAME  **Medical Exam Enclosed**  **PLEASE ADD TO APPLICANT’S FILE**  \*\*INTERFILE\*\*  To:  USCIS National Benefits Center  ATTN: I-485 AOS  P.O. Box 648003  Lee’s Summit, MO 64002 | |  |

8/7/2021

Subject: Interfile 1-693 Medical Report to Pending Form 1-485 (Adjustment of Status)

**First Name:** FIRSTNAME

**Last Name:** LASTNAME

**I-485 Receipt:** MSC2190310002

**A-Number:** A201-000-002

Dear Sir/Madam,

My adjustment of status application is currently pending. The visa numbers for my category are available for my priority date according to the most recent Department of State visa bulletin.

I request you to kindly please interfile my I-693 (Report of Medical Examination and Vaccination Record) form signed by the Civil Surgeon to the pending form I-485.

**My Case Details:**

Receipt: MSC2190310002

Receipt Date: 10/21/2020

Current Status: “Pending” as of 8/7/2021

**My Personal Details:**

Date of Birth: mm/dd/yyyy

Current US Address: 1000 Street, City, State 12345, United States

Email: myemail@gmail.com

Cell Phone: 555-123-4567

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| --- | --- |
| FIRSTNAME LASTNAME  (Secondary Applicant) | **Enclosures:**  1. Copy of 1-797C, USCIS i-485 Receipt Notice  2. Sealed 1-693 Medical Report signed by the Civil Surgeon  3. Copy of I797, Approved I-140 EB2 for primary applicant  4. Copy of Driving License  5. Copy of Passport |