**PHOTOS AND MEDICAL EXAM(S) FOR   
ADJUSTMENT OF STATUS (AOS) APPLICATION**

*\*Please complete this form and mail it with your photos and medical exam(s)*

*to ensure timely case processing.\**

Please send the sealed, unopened medical exam(s) and **six (6)** color, passport-size (2 inch x 2 inch) photos **with your full name and date of birth written** on back side per AOS application to:

Fragomen Worldwide

Attn: AMZ AOS Team / Case # 8920264

100 High Street, 3rd Floor

Boston, MA 02110

|  |
| --- |
| Connect Case #: 8920264 |

**PRINCIPAL APPLICANT**

|  |  |
| --- | --- |
| First Name (Given Name): Kai | Last Name (Surname): Zhen |

**DEPENDENT FAMILY MEMBERS**

|  |  |
| --- | --- |
| First Name (Given Name): | Last Name (Surname): |

**Sealed Medical Exam(s) completed and included?** (select one):  Yes  No

**Date (mm/dd/yyyy) the civil surgeon signed the medical exam(s):** \_\_\_\_\_\_\_\_\_\_\_\_