

Immigration Medical Examination (Examen Medicao de Inmigracion)

Dr. Victorine Mafoueka Nguena is a USCIS (U.S. Citizenship and Immigration Service) designated civil surgeon for the department of homeland security.

Dr. Victorine Nguena is certified by USCIS to provide immigration medical exam for green card applicants.

She is authorized to conduct medical examinations for individuals seeking an immigration benefit in the United States and to complete Form I-693.

We accept same day appointments and Walk-ins are welcome.

Requirements

1. A Photo ID: U.S. Driver's License, Military ID, Passport, Green Card, or a State-issued ID.
2. A form I-693: Patients must fill out their portion in capital letters.
3. All medical records including all vaccinations with translation in English when applicable (Flu, MMR, Chicken Pox, TDAP and boosters for many others vaccines if necessary). Please visit <http://www.cdc.gov/immigrantrefugeehealth/> for more information.
4. Labs and necessary tests should be ordered by our civil surgeon as we do not accept outside labs.

Payment

We accept credit cards or cash. The original fee, \$175 cash or \$185 for credit cards, is for the completion of form I-693 - Report of Medical Examination and Vaccination Record only. The fee does not include labs, tests, vaccines or treatments if necessary.

Additional tests, vaccinations and treatments which are not included in the initial price for the exam. It is the applicant's sole responsibility to pay for those additional procedures.

Procedure and Duration

The appointment includes:

- **Completion of Form I-693** - The civil surgeon, Dr. Victorine Mafoueka Nguena, will complete the form I-693 and seal it in an envelope. You should then forward the sealed envelope to the USCIS. *Please do not open the envelope - USCIS may not accept an unsealed envelope.* We will provide you with a copy.
- **Physical Examination**
- **Tuberculosis Test** - You will follow up in 2 to 3 days for results. You may need a CXR if the test is positive.
- **Syphilis Test**
- **Check Immunization Status** - Most vaccinations can be given in our office for additional fee or they can be given at the health department.

Patient Signature: _____

Date: _____