



I-693 Medical Exam Services and Consent Form グリーンカード健康診断案内及び同意書

YOUR COST 料金表

EVALUATION 診療

FEE 料金

\$300.00

PHQ-9 (Mental Health Assessment)

\$10.00

VACCINATION (includes administration fee)

DTaP	\$60.00
FLU	\$30.00
MMR	\$175.00
MENINGITIS	\$270.00
PNEUMOCOCCAL (PEDIATRIC) (小児用)	\$400.00
HEP A (PEDIATRIC) (小児用)	\$80.00
HEP B (PEDIATRIC) (小児用)	\$60.00
(ADOLESCENT) (大人用)	\$130.00
POLIO	\$85.00
VARICELLA	\$300.00
Tdap	\$85.00
ROTAVIRUS	\$165.00

If you don't have a vaccination record you may need to get one or do a blood test to determine if you need one. 予防接種記録のない場合は追加接種や血液抗体検査が必要になる場合があります。その結果抗体がない場合は予防接種が必要となります。

BLOOD/URINE TESTS (血液・尿検査項目)

HEPATITIS B SURFACE ANTIBODY	\$40.00
QUANTIFERON-TB Gold*	\$180.00
MEASLES ANTIBODY	\$70.00
MUMPS VIRUS IGG, EIA	\$20.00
RUBELLA IMMUNE	\$12.00
GONORRHEA (18-24 years old)	\$35.00
RPR TITER (18-44 years old)	\$10.00
VARICELLA TITER (IGG)	\$130.00

*The USCIS recently required all applicants 2 years of age and older to have a blood test for tuberculosis (TB). Skin testing is no longer accepted. 米国移民局の最新規定では結核の血液検査が必要となり、スキントテストのみでは認められなくなりました。

PAYMENT (CASH OR CREDIT CARD ONLY) お支払方法 (現金又はクレジットカードのみです)

Form I-693 will be filled out in the office upon your arrival. You do not need to fill it out in advance. It will take **5-10 business days** to complete. You will receive the original Form I-693 in a sealed envelope for you to mail to USCIS or bring it in person at the time of a USCIS interview, as well as a copy of it for your medical records. (Note that the envelope you provide to USCIS must remain sealed in order to comply with the USCIS regulations). フォームはご来院の際に記入します。前もって記入する必要はありません。完成日数は営業日の5日-10日です。原本は封印されたもので、ご自分で郵送又は面接に持参下さい。(注意：米国移民局の規定より原本は封印のみ受け付けています。) 本人用のコピーは別途お渡しします。

I have read all the above and understand that I am responsible for all charges incurred by Tomonori Nakagama MD, PLLC's services required for completing the I-693.

上記の診察費用及び血液検査費用について読み、理解しました。

Name お名前：

Signature 署名：

Date 日付：

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New York, NY 10017

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White Plains, NY 10605

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