

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]

U.S. Citizenship and Immigration Services

[USCIS Address]
[City, State, Zip Code]

Subject: Submission of Medical Examination Results

Dear Sir/Madam,

I am writing to submit my medical examination results as part of my application for [specify type of application, e.g., adjustment of status, naturalization, etc.]. Please find enclosed the completed Form I-693, Report of Medical Examination and Vaccination Record, certified by [Name of Civil Surgeon], who conducted my medical examination on [date of examination].

The results indicate that I have met the required medical standards set by USCIS.

Thank you for your attention to this matter. If you have any questions or require further information, please feel free to contact me.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]

[Your USCIS Case Number (if applicable)]

[Enclosures: Form I-693]