Dr. Gurpreet Singh Padda, MD: A Rejected Medical Form Can Cost an Immigrant a Year, and Most Rejections Are Preventable

For National Immigrants Day, a USCIS-designated civil surgeon on why Form I-693 fails, the role of language, and the metabolic disease the exam keeps finding

ST. LOUIS, MO, UNITED STATES, October 28, 2026 /EINPresswire.com/ -- Dr. Gurpreet Singh Padda, MD, MBA, MHP, a USCIS-designated civil surgeon practicing in St. Louis, is marking National Immigrants Day by naming the failure points in a document most applicants treat as a formality and many providers treat as a transaction. It is neither. Form I-693 is a federal regulatory document, and when it is completed incorrectly the consequence is not a corrected form. It is a Request for Evidence, a new appointment, a new fee, and months added to a case that was otherwise ready.

Expedited Immigration Medical Exam in St. Louis Missouri

The most common failures, he argues, are mundane and almost entirely preventable: incomplete vaccination records, testing that does not meet current CDC or USCIS specification, and forms sealed without the applicant understanding what was documented.

Where language enters

Vaccination history is the single most common source of error, and it is precisely the part of the examination that depends on the applicant accurately describing records from another country's health system. Those records are often decades old, often in another language, and sometimes lost entirely.

An applicant who cannot explain what they received, speaking to a clinician who cannot ask in a language they share, produces a gap. The gap becomes a serology order, a repeat vaccination, and sometimes an incomplete form. None of that is a failure of medicine. It is a failure of the conversation that has to happen before the medicine.

"An incomplete form is not a paperwork problem," Dr. Padda said. "It is a year of somebody's life."

Services at the practice are available in English, Spanish, Hindi, Mandarin, Arabic, Vietnamese, Ukrainian and Haitian Creole, a list assembled around the populations that actually present rather than around the languages easiest to staff.

The screening finds more than it looks for

The examination screens for tuberculosis, and that screening intersects with metabolic disease in a way that is well documented inside public health and poorly known outside it.

Diabetes is associated with an approximately three-fold increased risk of active tuberculosis, a relative risk of 3.11 in pooled cohort data covering more than 17,000 tuberculosis cases (Jeon CY, Murray MB, PLOS Medicine 2008;5(7):e152). Hyperglycemia impairs the macrophage and T-cell responses that contain mycobacteria, so latent infection is more likely to progress to active disease. The association is population-level and says nothing predictive about any individual applicant, but it tells a clinician where to look.

Many applicants arrive from regions carrying both a high tuberculosis burden and rising rates of type 2 diabetes. A positive tuberculosis screen in a patient with undiagnosed or poorly controlled diabetes is therefore two findings, not one, and the second is frequently the one nobody was looking for.

"For a lot of these patients this is the first American physical they have ever had," Dr. Padda said. "Treating it as a rubber stamp wastes the one appointment we are guaranteed."

The N-648 question

A separate and less understood provision, Form N-648, allows an applicant with a medical disability to be excused from the English and civics requirements for naturalization. It applies to people with dementia, stroke sequelae, traumatic brain injury and serious psychiatric illness, applicants for whom the standard test is not a fair measure of anything.

It is frequently misunderstood as a formality a physician signs. It is not. It requires records review, formal cognitive assessment, and a documented causal link between the condition and the specific inability being claimed. The practice accepts these cases only after records screening, and no outcome is guaranteed.

"Signing one of these carelessly does not help the applicant," Dr. Padda said. "It hands the adjudicator a reason to say no."

The pattern underneath all three

What connects the vaccination gap, the tuberculosis finding and the N-648 assessment is that each one is decided before any clinical procedure occurs. They turn on whether the history was obtainable, whether anyone looked past the form's own checklist, and whether the physician was willing to reach a conclusion that could be examined by someone else later.

That is an argument for treating the appointment as medicine rather than as paperwork, which is the whole of Dr. Padda's position on the examination and the reason the practice publishes its process rather than only its availability.

Related reading:
The vaccination gaps behind most I-693 delays: https://immigrationexam.us/vaccination-gaps-i-693-delays/
Tuberculosis testing in the I-693 exam: https://immigrationexam.us/tb-testing-treatment-i-693-exam-st-louis/
How an N-648 evaluation tests memory in the applicant's own language: https://immigrationexam.us/inside-real-n-648-evaluation-testing-own-language/
Why USCIS rejects most N-648 waivers: https://immigrationexam.us/why-uscis-rejects-n-648-five-mistakes/

About ImmigrationExam.us

ImmigrationExam.us is a physician-led USCIS civil surgeon practice in St. Louis, adjacent to St. Louis Lambert International Airport. Examinations are performed by Dr. Gurpreet Singh Padda, MD, MBA, MHP, a USCIS-designated civil surgeon. Services are available in English, Spanish, Hindi, Mandarin, Arabic, Vietnamese, Ukrainian and Haitian Creole.

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