

**N-648 Medical Waiver Information Analysis**

Is the applicant currently under the care of a physician? Yes No

Check all that apply:

\_\_\_\_ Medical doctor \_\_\_\_ Clinical psychologist

\_\_\_\_ Doctor of osteopathy \_\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is this the first time the applicant has requested the N-648? Yes No

(*If possible, please include copies of any previous waivers.)*

For which requirements is the applicant requesting a waiver?

\_\_\_\_ English

\_\_\_\_ Civics

\_\_\_\_ Both English & Civics

Additional information: