

Encourage the medical professional to complete this form online so that it is legible.

N-648 cannot be completed by representative for doctor's signature. It may be completed by the doctor's staff, but the doctor must sign it and is responsible for its accuracy.

Department of Homeland Security  
U.S. Citizenship and Immigration Services

**Form N-648, Medical Certification for Disability Exceptions**

**ALL parts of this form, except the "APPLICANT ATTESTATION" and "INTERPRETER'S CERTIFICATION" must be certified by a licensed medical professional as provided in the instructions for Form N-648. Before certifying this form, the medical professional must conduct an in-person examination of the applicant. (See instructions for Form N-648 for additional information which is also located in the "FORMS" section at [www.uscis.gov](http://www.uscis.gov).)**

Date on N-648 must be within 6 months of the date the N-400 is submitted.

**Reminder About Eligibility Requirements**

This form is intended for an applicant who seeks an exception to the English and/or civics requirements due to a physical or developmental disability or mental impairment that has lasted, or is expected to last, 12 months or more. An applicant who with reasonable accommodations provided under the Rehabilitation Act of 1973 can satisfy the English and civics requirements does not need to submit this form. Reasonable accommodations include, but are not limited to, sign language interpreters, extended time for testing, and off-site testing.

**Completing and Certifying This Form**

All questions or items must be answered fully and accurately. Responses should utilize common terminology, without abbreviations, that a person without medical training can understand. U.S. Citizenship and Immigration Services (USCIS) recommends that the certifying medical professional use the electronic Form N-648 located in the "FORMS" section [www.uscis.gov](http://www.uscis.gov). If the medical professional completes the form by hand, then responses must be legible and appear in black ink.

Waiver requests are reviewed by USCIS officers, not by trained medical professionals.

Disability or impairment must have lasted or be expected to last 12 months or more. Applicants who can pass with reasonable accommodations do not qualify.

Type or print clearly in **black ink**.

Part 1. APPLICANT INFORMATION				
I certify that I have examined:				
Last Name	First Name	Middle Name	USCIS A-Number A-	
Address (Street Number and Name)			U.S. Social Security Number	
City	State or Province		Zip Code or Postal Code	
Telephone Number	E-Mail Address (if any)	Date of Birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	

USCIS USE ONLY
This N-648 is: <input type="checkbox"/> Sufficient <input type="checkbox"/> Insufficient <input type="checkbox"/> Continued/RFE
Reviewer
Location & Date

**COPY**

**Part 2. MEDICAL PROFESSIONAL INFORMATION**

Type or print clearly in **black ink**. If you need more space to complete an answer, use a separate sheet of paper. Type or print the applicant's name and Alien Registration Number (A-Number), at the top of each sheet of paper and indicate the part and number of the item to which the answer refers. You must sign and date each continuation sheet. You must answer and complete each question since USCIS will not accept an incomplete Form N-648. You may, but are not required to, attach to this completed form supportive medical diagnostic reports or records regarding the applicant.

**NOTE:** Only medical doctors, doctors of osteopathy, or clinical psychologists licensed to practice in the United States (including the U.S. territories of Guam, Puerto Rico, and the Virgin Islands) are authorized to certify the form. While staff of the medical practice associated with the medical professional certifying the form may assist in its completion, the medical professional is responsible for the accuracy of the form's content.

Last Name	First Name	Middle Name		
Business Address (Street Number and Name)	City	State or Province	Zip Code or Postal Code	Telephone Number
License Number	Licensing State	E-Mail Address (if any)		

1. Currently licensed as a (Select all that apply):  Medical Doctor  Doctor of Osteopathy  Clinical Psychologist

2. Medical practice type: \_\_\_\_\_







Applicant's Name	USCIS A-Number A-
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**12. Was an interpreter used during your examination of the applicant?**

- Yes (If "Yes," the interpreter must complete the "Interpreter Certification" section.)
- No

USCIS is not supposed to draw a negative inference if no interpreter was used but the doctor completed the examination in the applicant's native language. USCIS may question the applicant about the doctor's examination if no interpreter was used and the examination was not in the applicant's native language.

Additional Comments (Optional)

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**MEDICAL PROFESSIONAL' S CERTIFICATION**

Complete the following if an interpreter was not used during your examination of the applicant between the applicant and medical professional pertaining to the examinations that form the basis of this Form N-648.

I am fluent in English and \_\_\_\_\_, the language spoken by this patient. Therefore, an interpreter was not used during my examinations of this applicant.

All medical professionals must complete the certification below.

**I certify that this applicant's identity has been verified through the following United States or State government-issued photographic identity document:**

Permanent Resident Card  State ID Number: \_\_\_\_\_

Other Identification (Indicate type and ID Number): \_\_\_\_\_

I certify, under penalty of perjury under the laws of the United States of America, that the information on this form and any evidence submitted with it are all true and correct. I will furnish relevant medical records to USCIS, if requested to do so by USCIS, based on the applicant's consent. I am aware that the knowing placement of false information on Form N-648 and related documents may also subject me to criminal penalties including under Title 18, U.S.C. Section 1546, civil penalties under Title 18, U.S.C. Section 247c of the Immigration and Nationality Act, and civil license suspension or revocation by the appropriate authorities.

**Licensed Medical Professional Signature** **Date (mm/dd/yyyy)**

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Applicant's Name	USCIS A-Number A-
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**INTERPRETER'S CERTIFICATION**

An interpreter must complete, and certify, the section below if an interpreter translated communications between the applicant and medical professional on the day of the examination that formed the basis of this Form N-648.

**Interpreter Information**

Last Name	First Name	Middle Name	
Address (Street Number and Name)	City	State or Province	Zip Code or Postal Code

**Was a phone interpreter used?**

- Yes (If "Yes", the interpreter is not required to complete the information below.)
- No (If "No", the interpreter is required to complete the information below.)

**Interpreter Certification**

I am fluent as the interpreter, I certify that I am fluent in English and the following language: \_\_\_\_\_.  
 I further certify that I have accurately and completely translated all communications between the medical professional and the applicant that occurred on \_\_\_\_\_, the dates of the examinations that form the basis of this certification.

**Interpreter Signature**

**Date (mm/dd/yyyy)**

**APPLICANT (PATIENT) ATTESTATION/RELEASE OF INFORMATION**

I, \_\_\_\_\_, authorize \_\_\_\_\_  
 (Applicant's Name) (Licensed medical doctor, doctor of osteopathy, or clinical psychologist)

to release to U.S. Citizenship and Immigration Services all relevant physical and mental health information related to my medical status for the purpose of applying for an exception from the English language and U.S. civics requirements for naturalization. I certify under penalty of perjury, pursuant to Title 28, U.S.C. Section 1746, that the information I provided to the medical professional is true and correct. I am aware that the knowing placement of false information on Form N-648 and related documents may also subject me to civil penalties under Title 8, U.S.C. Section 1324c. I understand that if this form is not completely filled out or if I fail to submit any required documentation, I may not be found eligible for the requested disability exception.

**Applicant or Applicant's Authorized Representative Signature**

**Date (mm/dd/yyyy)**

➡ **Don't forget to sign!**