



**Medical Certification for
Disability Exceptions**
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form N-648
OMB No. 1615-0060
Expires 12/31/2021

► **START HERE - Type or print in black ink.**

Please read the instructions before examining the applicant and filling out this form.

In general, applicants for naturalization must demonstrate that they understand the English language, including the ability to read, write, and speak words in ordinary usage. They must also demonstrate knowledge and understanding of the fundamentals of the history, principles, and form of government of the United States. These are called the "English and civics requirements." This form is used for applicants to seek an exception to the English and civics requirements due to a physical or developmental disability or mental impairment that has lasted, or is expected to last, 12 months or more. Applicants seeking such an exception should submit this form as an attachment to the Form N-400, Application for Naturalization.

Please note:

- **Only** medical doctors, doctors of osteopathy, or clinical psychologists **can certify the form.**
- **Additionally, they must be** licensed to practice in the United States (including the U.S. territories of the Commonwealth of the Northern Mariana Islands, Guam, Puerto Rico, and the Virgin Islands) **to** certify the form.
- While staff of the medical practice associated with the **certifying** medical professional certifying the form may assist in its completion, the **certifying** medical professional is responsible for the accuracy of the form's **content and therefore must sign it.**
- **Answer all the questions regarding medical information, using common terminology that a person without medical training can understand, with no abbreviations. Failure** to fully and accurately complete this form, including all applicable signatures, may result in the form being found **insufficient.**

Part 1. Applicant Information

[USPS ZIP Code Lookup](#)

1. Applicant's Legal Name

Family Name (Last Name)

Given Name (First Name)

Middle Name (if any)

2. Alien Registration Number (A-Number) (if any)

► A-

3. Date of Birth (mm/dd/yyyy)

USCIS USE ONLY

This N-648 is:

- ☐ Sufficient
☐ Insufficient
☐ Continued/RFE

Reviewer

Location & Date

Part 2. Certifying Medical Professional Information

1. Certifying Medical Professional's Name

Family Name (Last Name)

Given Name (First Name)

Middle Name (if any)

► A-

Street Number and Name

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Apt. Ste. Flr.

□ □ □

Number

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_____ **DATE**

State

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ZIP Code

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Province

Postal Code

Country

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☐ Medical Doctor ☐ Doctor of Osteopathy ☐ Clinical Psychologist

Medical Practice Type:

Did you use an interpreter: ☐ Yes ☐ No

☐ I am fluent in English and _____, the language spoken by this applicant.

☐ This applicant speaks English.

1. Provide the clinical diagnosis **and medical code for all** physical or developmental disabilities and/or mental impairments **that affect the applicant's ability to meet the English and/or civics requirements. Also, clearly describe how each disability and/or impairment prevents the applicant from learning English and/or civics. Responses should use common terminology, without abbreviations, that a person without medical training can understand. Please provide** the relevant medical code as accepted by the U.S. Department of Health and Human Services (HHS). This includes the Diagnostic and Statistical Manual of Mental Disorders (DSM) and the International Classification of Diseases (ICD). For example, “DSM-V 318.1 Intellectual Disability (Severe)” or “2015/16 ICD-10-CM F72 Severe intellectual disabilities.”

[illegible]

Part 3. Information About Disabilities and/or Impairments (continued)

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2. What clinical or laboratory diagnostic techniques did you use to diagnose each of the applicant's disabilities and/or impairment(s) listed in **Part 3., Item Number 1.**?

3. Have any of the applicant's disabilities and/or impairments listed in **Part 3., Item Number 1.** lasted, or do you expect any of them to last, 12 months or more? If your answer is "No", do not complete this form because the applicant is not eligible for this exception. ☐ Yes ☐ No
4. Are any of the disabilities and/or impairment(s) listed in **Part 3., Item Number 1.** the result of the applicant's illegal use of drugs? If your answer is "Yes" for all of the disabilities or impairments, do not complete this Form because the applicant is not eligible for this exception. ☐ Yes ☐ No
5. If yes, for some disabilities or impairments identify which disabilities or impairments are the result of the applicant's illegal use of drugs.

6. For disabilities and/or impairments listed in **Part 3., Item Number 1.**, provide the date you last examined the applicant

Date (mm/dd/yyyy)

7. Do any of the disabilities or impairments listed in **Part 3., Item Number 1.** prevent the applicant from demonstrating the following? Select **all that** apply. If none applies, do not complete this Form because the applicant is not eligible for this exception.

The ability to: ☐ Read English ☐ Speak English ☐ Write English
☐ Answer questions regarding United States history and civics, even in a language the applicant understands.

8. Is this applicant unable to understand or communicate that they understand the meaning of the Oath of Allegiance to the United States, because of the disabilities or impairments listed in **Part 3., Item Number 1.** even in a language the applicant understands? ☐ Yes ☐ No

Part 4. Interpreter Information and Certification

If in-person interpretation services were used during the medical examination, the interpreter must fill out this section, sign, and date the certification. If telephonic interpretation services were used during the medical examination, the certifying medical professional must complete all items in this section, except **Item Number 7.**

1. Was a telephonic or video facilitated interpreter used during the examination of the applicant? ☐ Yes ☐ No

2. Interpreter's Name

Family Name (Last Name)

Given Name (First Name)

Middle Name (if applicable)

Part 4. Interpreter Information and Certification (continued)

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Interpreter's Contact Information

3. Interpreter's Daytime Telephone Number

4. Interpreter's Mobile Telephone Number (if any)

5. Interpreter's Email Address (if any)

Interpreter's CertificationI certify that I am fluent in English and the following language, .I further certify that I have accurately and completely interpreted all communications between the certifying medical professional and the applicant that occurred on , the date(s) of the examination(s) that form the basis of this certification.

6. Interpreter's Signature (not required for telephonic interpretations)

Date of Signature (mm/dd/yyyy)

Part 5. Applicant's (Patient's) Attestation/Release of Information

1. I, _____ (Applicant's Name), authorize _____ (the Licensed medical doctor, doctor of osteopathy, or clinical psychologist completing this form) 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 28 U.S.C. section 1746, that the information I provided to the certifying medical professional is true and correct. I certify under penalty of perjury, pursuant to 28 U.S.C. section 1746, that I have attended an appointment with _____ (Licensed medical doctor, doctor of osteopathy, or clinical psychologist) and was then diagnosed by him or her. 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 8 U.S.C. section 1324c and INA section 274C. I understand that if this form is not completely filled out or if I fail to submit any required documentation, I may be found ineligible for the requested medical disability exception.

2. Applicant Signature (or mark if applicant is unable to sign)

Date of Signature (mm/dd/yyyy)

Part 6. Medical Professional's Certification

I certify that:

1. I have examined the applicant/patient listed in Part 1. above.
2. I will furnish relevant medical records to USCIS, if requested to do so by USCIS, based on the applicant's consent in Part 5.
3. 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):

Part 6. Medical Professional's Certification (continued)

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Additionally, 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 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 18 U.S.C. section 1546, civil penalties under 8 U.S.C. section 1324c and Immigration and Nationality Act (INA) section 274C, and civil license suspension or revocation by the appropriate authorities.

4. **Certifying** Medical Professional Signature

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Date of Signature (mm/dd/yyyy)

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DRAFT

Not for
Production
09/16/2021