I-602, Application by Refugee for Waiver of Grounds of Inadmissibility

NOTE: To be completed by a	all applicants. Ty	pe or print in black	a ink.			
Part 1. Information abo	out applicant.					
Family Name (in capital letters)		First Name		Middle Na	ame	A File Number
Present Address: Number and Stre	eet	City or Town		Sta	te	Zip Code
Date of Birth (mm/dd/yyyy)	Place of Birth	(City or Town)				
Country of Birth Country of Citizenship/Nationality						
Part 2. Grounds of inad	missibility; re	asons for reque	sting waiv	er.		
I have been declared inadmissible Act (INA): (NOTE: Sections 212)	•					
I am inadmissible because: (List the complete Part 3 on Page 2 . If you posed, a threat to the property, safe	have, or have had,	a physical or mental d	isorder and bel	havior assoc		
I request a waiver of the grounds it	nadmissibilty listed	above for the followir	g reasons (Ch	eck the appr	opriate block and	explain below):
For humanita	arian reasons	To assure fam	ily unity	In t	he public inter	est
Applicant 's Signature:				Date:		
	Do not w	rite below this lir	e. For USC	CIS use on	ıly.	
Waiver of grounds of inadmis	ssibilty is granted.	Basis for Favorable A	ction:			
Waiver of grounds of inadmis	sibilty is denied F	Basis for Denial				
Date of Action	USCIS District	Director		U	SCIS District Of	ffice
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Part 3. Statements by applicant; physician and/or health facility; endorsement by local or state health officer.

NOTE: To be completed for applicants with active or suspected tuberculosis or who have or have had a physical or mental disorder and behavior associated with the disorder.

Section A. Statement by applicant.

Upon admission to the United States I will:

- 1. Go directly to the physician or health facility named in Part B below; and
- 2. Present copies of diagnostic tests Used in the medical examination to substantiate the diagnosis; and
- 3. Submit to counseling and such examinations, treatment and medical regimen as may be required: and
- 4. Remain under prescribed treatment or observation whether on inpatient or outpatient basis, until I am discharged.

Signature	Date	

NOTE to Applicant's Sponsor in United States: Arrange for medical care of the applicant and have the physician complete Section B below.

Section B. Statement by physician and/or health facility.

This section of Form I-602 may be executed by a private physician, health department, other public or private health facility or military hospital. **NOTE:** Upon arrival of the alien in the United States, Form CDC 75.18, Report on Alien With Tuberculosis Waiver, will be sent to the address given below.

I agree to supply any treatement or observation necessary for the proper management of the alien's tuberculosis condition.

I agree to submit Form CDC 75.18 to the health officer named on **Page 3** in **Section C** either (a) within 30 days of the alien's reporting for care, indicating presumtive diagnosis, test results and plans for future care of the alien; or (b) 30 days after recieving Form CDC 75.18, if the alien has not reported. (NOTE: Military Hospitals should submit this form directly to the Centers for Disease Control, Atlanta, GA 30333.)

Satisfactory financial arrangements have been made. (**NOTE:** This statement does not relieve the alien of submitting such evidence as the consul may require to establish that the alien is not likely to become a public charge.)

I represent (Check the appropriate box and give the complete name and address of the facility):

- 1. Local Health Department Outpatient Clinic
- 2. Military Hospital
- 3. Other Public or Private Health Facility
- 4. Private Practice

Signature of Physician

Date:

Address: (If military, enter name and address of receiving hospital.)

NOTE to Applicant's Sponsor in United States: If medical care will be provided by a physician who checked Box 3 or 4 in Section B above, have Section C on Page 3 completed by the local or state health officer who has jurisdiction in the area where the applicant plans to reside in the United States. Provide the health officer with the address where the applicant plans to reside in the United States.

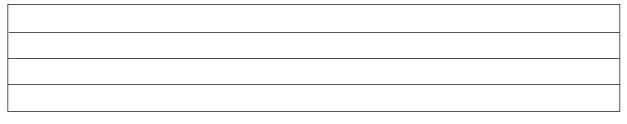
C. Endorsement by local or state health officer.

Endorsement signifies recognition of the physiscian or facility for the purpose of providing care for tuberculosis. If the facility or physician who signed in **Section B on Page 2** is not in your health jurisdiction and not familiar to you, you may wish to contact the health officer responsible for the jurisdiction of the facility or physician prior to endorsing.

Signature:	Date:	

Enter name and address of the local health department to which Form CDC 75.18, Notice of Arrival of Alien With Tuberculosis Waiver, should be sent when the alien arrives in the United States.

Local Health Department Address:



Paperwork Reduction Act Notice.

Under the Paperwork Reduction Act Notice, an agency may not conduct or sponsor an information collection and a person is not required to respond to a collection of information unless it contains a currently valid OMB control number. We try to create forms that are accurate, can be easily understood and that impose the least possible burden on you to provide us with information. Often this is difficult because some immigration laws are very complex. The estimated average time to complete and file this application is 15 minutes per application. If you have comments regarding the accuracy of this estimate or suggestions for maiking this form simpler, write to U.S. Citizenship and Immigration Services, Regulatory Management Division, 111 Massachusetts Avenue, N.W., Washington, DC 20529; OMB No. 1615-0069. **Do not mail your completed application to this Washington, D.C. address.**