

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

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

**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).)**

**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.

Type or print clearly in black ink.

Part 1. APPLICANT INFORMATION				USCIS USE ONLY	
I certify that I have examined:					
Last Name	First Name	Middle Name	USCIS A-Number A-	This N-648 is: <input type="checkbox"/> Sufficient <input type="checkbox"/> Insufficient <input type="checkbox"/> Continued/RFE	
Address (Street Number and Name)			U.S. Social Security Number	Reviewer	
City	State or Province		Zip Code or Postal Code	Location & Date	
Telephone Number	E-Mail Address (if any)	Date of Birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		

**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. Write 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 (Check 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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**Name of Regularly Treating Medical Professional and Address.**

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

**Explanation**

DRAFT

NOT FOR

**6. Has the applicant's disability and/or impairment(s) lasted, or do you expect it to last, 12 months or more?**

- Yes *(If "Yes," continue to complete this form.)*
- No *(If "No," the applicant is not eligible for this exception and you need not complete the remainder of the questions. Please go directly to the "Medical Professional's Certification.")*

**7. Is the applicant's disability and/or impairment(s) the result of the applicant's illegal use of drugs?**

- Yes *(If "Yes," the applicant is not eligible for this exception and you need not complete the remainder of the questions. Please go directly to the "Medical Professional's Certification.")*
- No *(If "No," continue to complete this form.)*

**8. What caused this applicant's medical disability and/or impairment(s) listed in number 1, if known?**

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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 certification.

**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 date(s) of the examination(s) 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)** \_\_\_\_\_