

## Medical Certification for Disability Exceptions

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

USCIS Form N-648

OMB No. 1615-0060 Expires 08/31/2024

## ► 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.

Pa	rt 1. Applicant Information		USCIS USE ONLY
1.	Applicant's Legal Name	This N-648 is:	
	Family Name (Last Name)	Given Name (First Name)	Sufficient Insufficient Continued/RFE
	Middle Name (if any)		Reviewer
2.	Alien Registration Number (A-Number) (if any) 3.  ▶ A-	Date of Birth (mm/dd/yyyy)	Location & Date
Pa			
1.	Certifying Medical Professional's Name		
	Family Name (Last Name)	Given Name (First Name)	
	Middle Name (if any)		

Form N-648 Edition 08/19/22 Page 1 of 5

Pa	rt 2. Certifying Medical Professional In	format	tion (cont	inued)	► A-		
2.	Certifying Medical Professional's Business Address						
	Street Number and Name	Apt. Ste. Flr. Number					
	City or Town			State ZIP Code (USPS ZIP Code Lookup			
					<b>-</b>		
	Province	Postal	Code	Country			
3.	License Number		4.	Licensing S	¹toto		
3.	License Number		<b>-4.</b>	Licensing 5	nate		
5.	Business Telephone Number		<b>6.</b>	Email Addr	ress (if any)		
7.	I am currently licensed as a (select <b>all that</b> apply)	):					
	☐ Medical Doctor ☐ Doctor of Osteopath	у 🗌	Clinical P	sychologist			
8.	Medical Practice Type:						
9.	Did you use an interpreter: Yes No	)					
10.	If No, I did not use an interpreter because:						
	I am fluent in English and , the language spoken by this applicant.						
	☐ This applicant speaks English.						
Pa	rt 3. Information About Disabilities and	or Im	pairmen	ts			
1.	Provide the clinical diagnosis and medical code for <b>all</b> 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. Refer to page 2 of the Instructions for an example. 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 "2022 ICD-10-CM F72 Severe intellectual disabilities."						

Form N-648 Edition 08/19/22 Page 2 of 5

Pa	rt 3. Information About Disabilities and/or Impairments (continued)  A-					
2.	What clinical or laboratory diagnostic techniques did you use to diagnose each of the applicant's disabilities and/or impairment(s) listed in <b>Part 3.</b> , <b>Item Number 1.</b> ?					
3.	Have any of the applicant's disabilities and/or impairments listed in <b>Part 3., Item Number 1.</b> 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.					
4.	Are any of the disabilities and/or impairment(s) listed in <b>Part 3.</b> , <b>Item Number 1.</b> 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.					
5. If yes, for some disabilities or impairments, identify which disabilities or impairments are the result of the appl of drugs.						
6.	For disabilities and/or impairments listed in <b>Part 3.</b> , <b>Item Number 1.</b> , provide the date you last examined the applicant.					
	Date (mm/dd/yyyy)					
7.	Do any of the disabilities or impairments listed in <b>Part 3.</b> , <b>Item Number 1.</b> prevent the applicant from demonstrating the following? Select <b>all that</b> 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.					
Pa	rt 4. Ability to Understand Oath of Allegiance					
able	applicant will not be able to naturalize without a legal guardian, surrogate, or an eligible designated representative unless they are to understand and communicate that they understand the meaning of the Oath of Allegiance. The Oath may be administered in applicant's language of choice and they may communicate their understanding in any manner (for example, by nodding).					
1.	Is the applicant able to understand and communicate that they understand the meaning of the Oath of Allegiance to the United States?					

Form N-648 Edition 08/19/22 Page 3 of 5

Pa	rt 5. Interpreter Information and Certification						
the	a-person interpretation services were used during the medical examination, the interpreter must fill out this section, sign, and date certification. If telephonic interpretation services were used during the medical examination, the certifying medical professional at complete all items in this section, except <b>Item Number 6.</b>						
1.	Was a telephonic or video facilitated interpreter used during the examination of the applicant?						
2.	Interpreter's Name						
	Family Name (Last Name) Given Name (First Name) Middle Name (if applicable)						
Int	terpreter's Contact Information						
3.	Interpreter's Daytime Telephone Number  4. Interpreter's Mobile Telephone Number (if any)						
5.	Interpreter's Email Address (if any)						
7							
Ini	terpreter's Certification						
I ce	rtify that I am fluent in English and the following language,						
I fu	rther 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)						
Pa	rt 6. 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						
	(USCIS) all relevant physical and mental health information related to my medical status for the purpose of applying for an averaging from the English leavance and U.S. civics requirements for networking the continuous and the continuo						
	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)						

Form N-648 Edition 08/19/22 Page 4 of 5

Par	t 7. Medical Professional's Certification		► A-					
I cert	ify 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 6.							
3.	This applicant's identity has been verified through the following United States or State government-issued photographic identity document:							phic
	☐ Permanent Resident Card ☐ State ID Number:							
	Other Identification (Indicate type and ID Number):							
any e and r U.S.0	tionally, I certify, under penalty of perjury under the laws widence submitted with it are all true and correct. I am awelated documents may also subject me to criminal penaltic c. section 1324c and Immigration and Nationality Act (IN opriate authorities.	vare that the knowing placemes including under 18 U.S.C.	ent of fa section 1	lse inf 546, o	formation civil pena	on For alties un	m N-64 ider 8	
4.	Certifying Medical Professional Signature			Date	e of Signa	ature (m	ım/dd/y	уууу)

Form N-648 Edition 08/19/22 Page 5 of 5