

Medical Certification for Disability Exceptions

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

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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)	
	Province Po	ostal Code	Country					
3.	License Number	4.	Licensing St	ate.				
٠.	Electise Number							
5.	Business Telephone Number	6.	Email Addre	ss (if any)				
7.	I am currently licensed as a (select all that apply):							
	☐ Medical Doctor ☐ Doctor of Osteopathy	Clinical Ps	sychologist					
8.	Medical Practice Type:							
9.	Did you use an interpreter: Yes No							
10.	If No, I did not use an interpreter because:	If No, I did not use an interpreter because:						
	I am fluent in English and , the language spoken by this applicant.							
	I am fluent in English and			, the langua	ge spoken b	y this applic	eant.	
	☐ I am fluent in English and ☐ ☐ This applicant speaks English.			, the langua	ge spoken t	y this applic	cant.	
	☐ This applicant speaks English.			, the langua	ge spoken b	y this applic	cant.	
	This applicant speaks English.							
Par 1.	☐ This applicant speaks English.	all physical or de or civics require clish and/or civic can understand. U.S. Departments (DSM) and the	evelopmental d ments. Also, on the Responses. Refer to page that of Health and the International	isabilities and/o clearly describe should use come 2 of the Instruct d Human Service Classification of	r mental im how each d mon termin ctions for an ees (HHS).	pairments the isability and ology, without example. If This include (ICD). For	nat /or out Please	
	This applicant speaks English. Tt 3. Information About Disabilities and/or Provide the clinical diagnosis and medical code for a affect the applicant's ability to meet the English and/or impairment prevents the applicant from learning Eng abbreviations, that a person without medical training provide the relevant medical code as accepted by the Diagnostic and Statistical Manual of Mental Disorde	all physical or de or civics require clish and/or civic can understand. U.S. Departments (DSM) and the	evelopmental d ments. Also, on the Responses. Refer to page that of Health and the International	isabilities and/o clearly describe should use come 2 of the Instruct d Human Service Classification of	r mental im how each d mon termin ctions for an ees (HHS).	pairments the isability and ology, without example. If This include (ICD). For	nat /or out Please	
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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 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.						
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.						
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.						
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?						

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Pa	rt 5. Interpreter Information and Certification						
the	-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 t complete all items in this section, except Item Number 6.						
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	erpreter's Contact Information						
3.	Interpreter's Daytime Telephone Number 4. Interpreter's Mobile Telephone Number (if any)						
5.	Interpreter's Email Address (if any)						
Int	erpreter's Certification						
I ce	rtify that I am fluent in English and the following language,						
I fu	ther 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 exception from the English language and U.S. civics requirements for naturalization. I certify under penalty of perjury, pursuan 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)						

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Pai	rt 7. Medical Professional's Certification		▶ A	-				
I cer	tify 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.						nt in	
3.	This applicant's identity has been verified through the following United States or State government-issued photographic identity document:						graphic	
	☐ Permanent Resident Card ☐ State ID Number:							
	☐ Other Identification (Indicate type and ID Number):							
any o and i U.S.	itionally, I certify, under penalty of perjury under the laws evidence submitted with it are all true and correct. I am aw related 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	ilse in 1546,	formati civil pe	on on enaltie	Form I	N-648 r 8
4.	Certifying Medical Professional Signature			Dat	e of Sig	nature	e (mm/	/dd/yyyy)

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