Medical Certification for Disability Exceptions

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

USCIS
Form N-648
OMB No. 1615-0060
Expires 09/30/2027

► **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

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): **MALHOTRA**

Given Name (First Name): **NEEMA**

Middle Name (if any): **B**

Part 2. Certifying Medical Professional Information (continued)

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2. Certifying Medical Professional's Business Address

Street Number and Name: 98 SOUTH ABEL ST

Apt. Ste. Flr. Number:

City or Town: MIPITAS

State: CA

ZIP Code: 95035 (USPS ZIP Code Lookup)

Province:

Postal Code:

Country: USA

3. License Number: A35561

4. Licensing State: CALIFORNIA

5. Business Telephone Number: 4086848600

6. Email Address (if any): DOCTOR@USCISCLINIC.COM

7. I am currently licensed as a (select **all that** apply):

☒ Medical Doctor ☐ Doctor of Osteopathy ☐ Clinical Psychologist

8. Medical Practice Type: FAMILY PRACTICE

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.

Part 3. Information About Disabilities and/or Impairments

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. 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."

Part 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. ☐ 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.

Part 4. Ability to Understand Oath of Allegiance

The applicant will not be able to naturalize without a legal guardian, surrogate, or an eligible designated representative unless they are able to understand and communicate that they understand the meaning of the Oath of Allegiance. The Oath may be administered in the 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? ☐ Yes ☐ No

Part 5. Interpreter Information and Certification

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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 6.**

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)

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 Certification

I 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 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, 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 7. Medical Professional's Certification

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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 6.**
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):

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

Date of Signature (mm/dd/yyyy)