



**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.” **However, the law provides** an exception to **these** requirements **if applicants are unable to satisfy them** due to a physical or developmental disability or mental impairment. 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 (**hereafter referred to as “you”**) can certify the form.
- **You** 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 members may help fill out the form, you are responsible for evaluating and diagnosing the applicant, ensuring all information is accurate and must personally sign the form.
- The applicant is not eligible for the exception to the English and civics requirements if his or her disability or impairment has not lasted or is not expected to last at least 12 months.
- The applicant is not eligible for the exception to the English and civics requirements if his or her disability or impairment is a direct result of illegal use of drugs.
- Illiteracy, age, or any other non-medical conditions are insufficient to obtain an exception.
- You must attest that the applicant is **unable** to meet the English or civics requirements. Difficulty or lack of time to learn English or civics is insufficient to obtain an exception.
- You must examine the applicant in person.
- If necessary, communication with the applicant may be conducted through an interpreter by telephone or tele-video.
- 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)

USCIS USE ONLY

This N-648 is:

- ☐ Sufficient
☐ Insufficient
☐ Continued/RFE

Reviewer

Location & Date

Part 1. Applicant Information (continued) ▶ A-**2. Applicant's Current Physical Address**

In Care of Name (if any)

Street Number and Name

Apt. Ste. Flr. Number

☐ ☐ ☐

City or Town

State

ZIP Code ([USPS ZIP Code Lookup](#))

Province

Postal Code

Country

3. Alien Registration Number (A-Number) (if any)▶ A- **4. Date of Birth (mm/dd/yyyy)****5. Sex** ☐ Male ☐ Female**6. Applicant's Telephone Number****7. Applicant's Email Address****Part 2. Certifying Medical Professional Information****1. Certifying Medical Professional's Name**

Family Name (Last Name)

Given Name (First Name)

Middle Name (if any)

2. Certifying Medical Professional's Business Address

Street Number and Name

Apt. Ste. Flr. Number

☐ ☐ ☐

City or Town

State

ZIP Code

Province

Postal Code

Country

3. License Number**4. Licensing State****5. Business Telephone Number****6. Email Address (if any)****7. I am currently licensed as a (select **all that** apply):**☐ Medical Doctor ☐ Doctor of Osteopathy ☐ Clinical Psychologist**8. Medical Professional Areas of Practice or Specialty:**

Part 2. Certifying Medical Professional Information (continued)

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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 Disability or Impairments**

Provide the clinical diagnosis and **all other required information** for the physical or developmental **disability** or mental impairment that **prevents** the **applicant from meeting** the English and/or civics requirements. Responses should use common terminology, without abbreviations, that a person without medical training can understand. If a date is unknown, leave the answer **blank**.

1. Diagnosis of Disability or Impairment

If you need extra space to provide additional information for any of the following questions, use the space provided in **Part 8. Additional Information**

A. Diagnosis: **B.** Medical Code: **C.** Date Disability Began: Date (MM/YYYY) **D.** Date of Diagnosis: Date (MM/YYYY) **E.** Date of First Examination: Date (MM/DD/YYYY) **F.** Date of Last Examination: Date (MM/DD/YYYY) **G.** Location of First Examination: **H.** Location of Last Examination: **I.** Description of Disability/Impairment.**J.** Has the disability lasted 12 months, or do you expect it to last 12 months or more?☐ Yes ☐ No**K.** Is the applicant's disability or impairment expected to improve within the next 12 months to the extent that he or she will be able to learn and demonstrate the English and civics test requirements for naturalization?☐ Yes ☐ No**K.1.** If you answer "No," explain why the disability or impairment are not expected to improve in the next 12 months.

Part 3. Information About Disability or Impairments (continued)

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L. Is the disability or impairment the result of the applicant's illegal use of drugs?

☐ Yes ☐ No

L.1. If you answer "No," what caused the disability or impairment? If unknown, write "Unknown."

M. What clinical or laboratory diagnostic techniques did you use to diagnose the disability or impairment?

N. Have you prescribed treatment or therapy that in your professional opinion could help the applicant learn and demonstrate the English and/or civics requirements for naturalization? ☐ Yes ☐ No

N.1. If you answered "No," why not?

O. Describe the severity of the disability or impairment and explain how it affects specific function, including in the applicant's daily life and ability to work or go to school. Explain the basis of your assessment, including known symptoms of condition, tests conducted, observations, etc.

P. Are you the medical professional who regularly treats this applicant for this disability or impairment? ☐ Yes ☐ No (Skip to Item Number 1.Q.)

P.1. If you answered "Yes," indicate the duration of treatment for the disability or impairment. Years Months

P.2. If you answered "Yes," indicate the frequency of treatment.

☐ Weekly ☐ Monthly ☐ Yearly ☐ Other:

If you are not the medical professional regularly treating this applicant, complete **Item Numbers Q.1. - Q.3.**

Part 3. Information About Disability or Impairments (continued)

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Q.1. Name of the Applicant's Regularly Treating Medical Professional

Family Name (Last Name)

Given Name (First Name)

Middle Name (if applicable)

Q.2. Business Address and Phone Number of the Applicant's Regularly Treating Medical Professional

Street Number and Name

Apt. Ste. Flr. Number

☐ ☐ ☐

City or Town

State

ZIP Code

Province

Postal Code

Country

Applicant's Regularly Treating Medical Professional Telephone Number

Q.3. Explain why you are certifying this form instead of the applicant's regularly treating medical professional.

2. Does this disability or impairment **alone** render the applicant unable to demonstrate the knowledge and understanding of English and/or civics or unable to learn English and/or Civics? ☐ Yes (Go to **Item Number 3.**) ☐ No

If you select "No" in **Item Number 2.**, complete a separate **Part 9. Additional Diagnosis Information** page for each additional disability or impairment.

3. Clearly explain how the disability or impairment listed in **Part 3., Item Number 1.** alone (or in combination with any other disability or impairment attached in **Part 9. Additional Diagnosis Information**) render the applicant unable to demonstrate the knowledge and understanding of English and/or civics or unable to learn English and/or civics.

4. Which of the following abilities is the applicant unable to learn and demonstrate based on the disability or impairment listed in **Part 3., Item Number 1.** alone (or in combination with any other disability or impairment attached in **Part 9. Additional Diagnosis Information**)? 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

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Assess if the applicant is able to understand and communicate that he or she understands the meaning of the Oath of Allegiance to the United States. The Oath of Allegiance may be administered in the applicant's language of choice, and he or she may communicate his or her understanding in any manner (for example, by nodding). If the applicant can understand and communicate that he or she understands the meaning of the Oath, select "Yes."

If the medical disability or impairment listed in **Part 3, Item Number 1.** alone (or in combination with any other disability or impairment attached in **Part 9. Additional Diagnosis Information**) render the applicant unable to understand and communicate that he or she understands the meaning of the Oath of Allegiance, select "No." In that case, the applicant will need a legal guardian, surrogate, or designated representative to naturalize.

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

If in-person interpretation services were used during the medical examination(s), the interpreter must fill out **Item Numbers 3. through 7.** of this section, then sign, and date the certification. If telephonic or video facilitated interpretation services were used during the medical examination, you must complete all items in this section, except **Item Number 7.**

1. Did you use an interpreter when you examined the applicant? ☐ Yes ☐ No
- A. If you answered "Yes" to **Item Number 1.**, did the interpreter affirm that he or she speaks fluent English and the applicant's language of choice and that he or she will accurately and completely interpret all communications between you and the applicant? ☐ Yes ☐ No

- B. If you answered "No" to **Item Number 1.**, I did not use an interpreter because:

☐ I am fluent in English and, the language spoken by this applicant.

☐ This applicant speaks English.

2. Was a telephonic or video facilitated interpreter used during the examination of the applicant? ☐ Yes ☐ No

3. Interpreter's Name

Family Name (Last Name)

Given Name (First Name)

Middle Name (if applicable)

Interpreter's Contact Information

4. Interpreter's Daytime Telephone Number

5. Interpreter's Mobile Telephone Number (if any)

6. 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.

7. Interpreter's Signature (not required for telephonic or video facilitated interpretations)

Date of Signature (mm/dd/yyyy)

Part 6. Applicant's (Patient's) Attestation/Release of Information

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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.
2. 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.
3. 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.
4. 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.
5. I understand that if this form is not completely **or accurately** filled out or if I fail to submit any required documentation, I may
be found ineligible for **this exception**.
6. Applicant Signature (or mark if applicant is unable to sign) _____ Date of Signature (mm/dd/yyyy) _____

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Part 7. Medical Professional's Certification

1. I certify that:
 - **I have examined the applicant/patient listed in Part 1. above in person.**
 - **I will furnish relevant medical records to USCIS, if requested to do so by USCIS, based on the applicant's consent in Part 6.**
 - **I will promptly comply with and respond to any request from USCIS and cooperate fully with any investigations related to this certification, based on the applicant's consent in Part 6., including participation in interviews, or offering professional testimony if necessary to verify the accuracy and authenticity of my findings and conclusion presented in this certification. For more information read the Penalties section in the form Instructions.**
2. **This applicant's identity has been verified through the following United States or State government-issued photographic identity document:**

<input type="checkbox"/> Permanent Resident Card	<input type="checkbox"/> State ID Number: _____
<input type="checkbox"/> Other Identification (Indicate type and ID Number):	_____
3. 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) _____

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Part 8. Additional Information

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If you need extra space to provide any additional information within this application, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this application or attach a separate sheet of paper. Type or print your name and A-Number at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

1. Family Name (Last Name) Given Name (First Name) Middle Name (if applicable)

2. Page Number Part Number Item Number

3. Page Number Part Number Item Number

4. Page Number Part Number Item Number

5. Page Number Part Number Item Number

Part 9. Additional Diagnosis Information

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If the applicant has multiple disabilities or impairments, check **Part 3., Item Number 1.** and complete **Part 9., Additional Diagnosis Information** page for each diagnosis.

Additional Diagnosis of Disability or Impairment

A. Diagnosis:

B. Medical Code:

C. Date Disability Began: Date (MM/YYYY)

D. Date of Diagnosis: Date (MM/YYYY)

E. Date of First Examination: Date (MM/DD/YYYY)

F. Date of Last Examination: Date (MM/DD/YYYY)

G. Location of First Examination:

H. Location of Last Examination:

I. Description of Disability/Impairment.

J. Has the disability lasted 12 months, or do you expect it to last 12 months or more? ☐ Yes ☐ No

K. Is the applicant's disability or impairment expected to improve within the next 12 months to the extent that he or she will be able to learn and demonstrate the English and civics test requirements for naturalization? ☐ Yes ☐ No

K.1. If you answer "No," explain why the disability or impairment are not expected to improve in the next 12 months.

L. Is the disability or impairment the result of the applicant's illegal use of drugs? ☐ Yes ☐ No

L.1. If you answer "No," what caused the disability or impairment? If unknown, write "Unknown."

Part 9. Additional Diagnosis Information (continued)

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M. What clinical or laboratory diagnostic techniques did you use to diagnose the disability or impairment?

N. Have you prescribed treatment or therapy that in your professional opinion could help the applicant learn and demonstrate the English and/or civics requirements for naturalization? ☐ Yes ☐ No

N.1. If you answered “No,” why not?

O. Describe the severity of the disability or impairment and explain how it affects specific function, including in the applicant's daily life and ability to work or go to school. Explain the basis of your assessment, including known symptoms of condition, tests conducted, observations, etc.

P. Are you the medical professional who regularly treats this applicant for this disability or impairment? ☐ Yes ☐ No

P.1. If you answered “Yes,” indicate the duration of treatment for the disability or impairment. Years Months

P.2. If you answered “Yes,” indicate the frequency of treatment.

☐ Weekly ☐ Monthly ☐ Yearly ☐ Other: