

Part 3. Information About Disabilities and/or Impairments (continued)

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- 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)

