To be completed by all applicants. Type or print in black ink.							
PART 1. Family Name (in capital letters)		First Name	Middle	Name	A File #		
Present Address: Number and Street		City or Town	Stat	te	Zip Code		
Date of Birth (mm/dd/yyyy)	Place of Birth		Coun	Country of Birth			
	City or Town		Count	ry of Citizensh	lip		
PART 2. I have been declared inadmissible Nationality Act (INA): (NOTE: the INA.)							
I am inadmissible because: (List t tuberculosis, fully complete Part disorder that may pose, or has pos	3 on Page 2 . If you have, or head, a threat to the property, sa	have had, a physical or menta fety or welfare of you or oth	al disorder and b ers, fully compl	behavior asociat lete Part 3A on	ed with the Page 2.)		
below): For huma	nitarian reasons	Γο assure family unity	In the pu	ıblic interest			
Applicant's Signature:				Date:			
	Do not write below	this line. For USC	IS Use Only	y.			
Waiver of grounds of inad	missibility is granted. Basis	for Favorable Action:					
Waiver of grounds of inad	missibility is denied. Basi	is for Denial:					
Date of Action	USCIS Office Director		USCIS	Field Office			
			I		Form I-602 (Rev. 10/12/07)Y		

PART 3. To be completed for appplicants with active or suspected tuberculosis or who have or have had a physical or mental disorder and behavior associated with the disorder.

A. Statement by applicant:

Upon admission to the United States I will:

- 1. Go directly to the physician or health facility named in Part B below; and
- 2. Present copies of diagnostic tests used in the medical examination to substantiate the diagnosis; and
- 3. Submit to counseling and such examminations, treatment and medical regimen as may be required: and
- **4.** Remain under prescribed treatment or observation whether on inpatient or outpatient basis, until I am discharged.

Signature

NOTE to Applicant's Sponsor in United States: Arrange for medical care of the applicant and have the physician complete Section B below.

B. Statement by physician and/or health facility:

This section of Form I-602 may be executed by a private physician, health department, other public or private health facility or military hospital. **NOTE:** Upon arrival of the alien in the United States, Form CDC 75.18, Report on Alien With Tuberculosis Waiver, will be sent to the address given below.

I agree to supply any treatment or observation necessary for the proper management of the alien's tuberculosis condition.

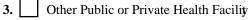
I agree to submit Form CDC 75.18 to the health officer named below (**Section C**) either (a) within 30 days of the alien's reporting for care, indicating presumtive diagnosis, test results and plans for future care of the alien; or (b) 30 days after receiving Form CDC 75.18, if the alien has not reported. (**NOTE:** Military Hospitals should submit this form directly to the Centers for Disease Control, Atlanta, GA 30333.)

Satisfactory financial arrangements have been made. (**NOTE:** This statement does not relieve the alien of submitting such evidence as the consul may require to establish that the alien is not likely to become a public charge.)

I represent (Check the appropriate box and give the complete name and address of the facility):

Local Health Department Outpatient Clinic

2. Military Hospital



4. Private Practice

Signature of Physician:

1.

Date:

Date:

Address: (If military, enter name and address of receiving hospital.)

NOTE to Applicant's Sponsor in United States: If medical care will be provided by a physician who checked Box 3 or 4 in **Section B** above, have **Section C** completed by the local or state health officer who has jurisdiction in the area where the applicant plans to reside in the United States. Provide the health officer with the address where the applicant plans to reside in the United States.

C. Endorsement by local or state health officer:

Endorsement signifies recognition of the physician or facility for the purpose of providing care for tuberculosis. If the facility or physician who signed in **Section B** is not in your health jurisdiction and is not familiar to you, you may wish to contact the health officer responsible for the jurisdiction of the facility or physician prior to endorsing.

]	
Signature:	Date:	

Enter name and address of the local health department to which Form CDC 75.18, Notice of Arrival of Alien With Tuberculosis Waiver, should be sent when the alien arrives in the United States.

Local Health Department Address

Paperwork Reduction Act Notice.

Under the Paperwork Reduction Act Notice, an agency may not conduct or sponsor an information collection and a person is not required to respond to a collection of information unless it contains a currently valid OMB control number. We try to create forms and that are accurate, can be easily understood and that impose the least possible burden on you to provide us with information. Often this is difficult because some immigration laws are very complex. The estimated average time to complete and file this application is 15 minutes per application. If you have comments regarding the accuracy of this estimate or suggestions for making this form simpler, you may write to the U.S. Citizenship and Immigration Services, 111 Massachusetts Avenue N.W.,3rd flr., Suite 3008, Washington, DC 20529; OMB No. 1615-0069 (**Do not mail** your completed application to this address.)