

# I-602, Application by Refugee for Waiver of Grounds of Excludability

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 #
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Present Address: Number and Street	City or Town	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth (mm/dd/yyyy)	Place of Birth City or Town	Country of Birth	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
		Country of Citizenship	
		<input type="text"/>	

**PART 2.**

I have been declared inadmissible or ineligible for adjustment of status under the following section(s) of 212(a) of the Immigration and Nationality Act (INA): **(NOTE: Sections 212(a)(4), 212(a)(5) and 212(a)(7)(A) do not apply to refugees under Sections 207 or 209 of the INA.)**

I am inadmissible because: (List the specific acts, convictions or physical or mental conditions. If you have active or suspected tuberculosis, fully complete **Part 3 on Page 2**. If you have, or have had, a physical or mental disorder and behavior associated with the disorder that may pose, or has posed, a threat to the property, safety, or welfare of you or others, fully complete **Part 3A on Page 2**.)

I request a waiver of the grounds inadmissibility listed above for the following reasons (*check the appropriate block and explain below*):  **For humanitarian reasons**  **To assure family unity**  **In the public interest**

Applicant's Signature:  Date:

**Do not write below this line. FOR BCIS USE ONLY.**

Waiver of grounds of inadmissibility is granted. Basis for Favorable Action: \_\_\_\_\_  
\_\_\_\_\_

Waiver of grounds of inadmissibility is denied. Basis for Denial: \_\_\_\_\_  
\_\_\_\_\_

Date of Action	BCIS Office Director	BCIS Field Office
<input type="text"/>	<input type="text"/>	<input type="text"/>

**PART 3. To be completed for applicants 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 examinations, 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

Date:

**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 presumptive 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*):

1.  Local Health Department Outpatient Clinic
2.  Military Hospital
3.  Other Public or Private Health Facility
4.  Private Practice

Signature of Physician:

Date:

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

  

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**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.*

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**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**

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**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 Bureau of Citizenship and Immigration Services, 425 I Street, N.W., Room 4304, Washington, DC 20536. ***(Do not mail your completed application to this address.)***

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