

**QUESTIONNAIRE for Form N-648 Medical Certification for Disability Exceptions USCIS
Redpoint Medical, PSC – Gregory Snider, MD**

LAST NAME _____ First Name _____

Date of Birth _____ Age _____ Sex ___ M ___ F

Country of Birth _____ Today's Date _____

1.) Who referred you to my office? _____

2.) Who is helping you complete this questionnaire? _____

3.) What is their relation to you? _____

4.) Have you seen a doctor in the past two years? Yes _____ No _____ If yes, please complete below

Physician Name _____ Phone _____

5.) Do you see a specialist (cardiologist, endocrinologist, oncologist, etc.)? Yes _____ No _____

If yes, name and specialty _____

Specialist's phone number _____

6.) Do you have medical records in your possession? Yes _____ No _____

7.) What prescription medications are you taking? _____

8.) Do you have an established diagnosis that represents a significant disability? Yes _____ No _____

If yes, please describe the diagnosis below:

Physical Disability _____

Mental Disability _____

Developmental Impairment _____

Psychiatric Diagnosis _____

Explain _____

When did this start? _____

When was the diagnosis made? _____

How does the problem affect your daily life? _____

Can this problem be corrected? Yes _____ No _____

If yes, how long will this take? _____

- 9.) Have you asked any of your physician(s) to complete the Form N-648? Yes _____ No _____
 If "no" then why not? _____
 If "yes" then what was their reply? _____
- 10.) Did you attend school? Yes _____ No _____ If yes, how many years? _____
- 11.) What language(s) do you speak? _____
- 12.) What language(s) can you read? _____
- 13.) Have you taken any English language classes? Yes _____ No _____
 If "no" then why not? _____
 If "yes" then what was the outcome? _____
- 14.) Do you have a driver's license? Yes _____ No _____
 Did this require an exam in English? Yes _____ No _____
 If yes, how did you pass the exam? _____
- 15.) Can you pass a US history and civics oral exam with accommodation:
 With sign language? Yes _____ No _____
 With extended time? Yes _____ No _____
 At an off-site location? Yes _____ No _____
- 16.) Is illiteracy or limited literacy your only reason for applying for this exam exception?
 Yes _____ No _____
- 17.) Have you EVER used illegal drugs? Yes _____ No _____
 If yes, what? _____
 If yes, when? _____
- 18.) Do you currently use any illegal drugs? Yes _____ No _____
 If yes, what? _____
- 19.) Do you work? Yes _____ No _____
 If yes, how do you communicate with your employer? _____

Please explain why you are unable to, and will never be able to, take the required exam, even with accommodations:

ICD-10-CM F43.20 Adjustment Disorder Unspecified

ICD-10-CM F81.89 Other Developmental Disorder of Scholastic Skills

ICD-10-CM Z55.0 Illiteracy or Low-level Literacy