

United States of Justice  
Immigration and Naturalization Service

# Application By Refugee For Waiver of Grounds of Excludability

PLEASE TYPEWRITE OR PRINT PLAINLY IN BLACK INK

NAME	(Family Name in Capital Letters)	(First Name)	(Middle Name)	FILE NUMBER
PRESENT ADDRESS	(Number and Street)	(City or Town)	(State)	(Zip Code)
DATE OF BIRTH	BIRTHPLACE	(City or Town)	(Country)	

I HAVE BEEN DECLARED INADMISSABLE, OR INELIGIBLE FOR ADJUSTMENT OF STATUS UNDER THE FOLLOWING SECTION(S) OF 212(a) INA (NOTE: SECTIONS 212(a)(4), 212(a)(5)(A), 212(a)(5)(B), 212(a)(7)(A)(i)(I) & (II), (15), (14), (20), (21) AND (32) DO NOT APPLY TO REFUGEES UNDER SECTION 207 OR 209 INA):

FOR THE FOLLOWING REASONS (LIST SPECIFICALLY THE ACTS, CONVICTIONS OR PHYSICAL OR MENTAL CONDITIONS; IF YOU HAVE ACTIVE OR SUSPECTED TUBERCULOSIS, THE REVERSE OF THIS PAGE MUST BE COMPLETED FULLY):

I REQUEST WAIVER OF THE SECTION(S) OF 212(a) INA SPECIFIED ABOVE FOR THE FOLLOWING REASONS (CHECK AS APPROPRIATE AND EXPLAIN BELOW):

- FOR HUMANITARIAN PURPOSES
- TO ASSURE FAMILY UNITY
- IN THE PUBLIC INTEREST

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

APPLICANT DO NOT WRITE BELOW THIS LINE

WAIVER OF GROUNDS OF INADMISSABILITY IS GRANTED.  
BASIS FOR FAVORABLE ACTION: \_\_\_\_\_

WAIVER OF GROUNDS OF INADMISSABILITY IS DENIED.  
REASON(S): \_\_\_\_\_

DATE OF ACTION
DD
DISTRICT

**TO BE COMPLETED FOR APPLICANTS WITH ACTIVE  
TUBERCULOSIS OR SUSPECTED TUBERCULOSIS**

**A. STATEMENT BY APPLICANT:**

Upon admission to the United States I will go directly to the physician or health facility named in Section B; will present all X-rays used in the visa medical examination to substantiate diagnosis; will submit to such examinations, treatment, isolation, and medical regimen as may be required; and will remain under the prescribed treatment or observation, whether on inpatient or outpatient basis, until discharged.

Date	Signature of Applicant
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APPLICANT'S SPONSOR IN U.S.: Arrange for medical care of the applicant and have the physician complete Section B.

**B. STATEMENT BY PHYSICIAN OR HEALTH FACILITY (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 U.S., Form CDC 4.451, "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 4.451 to the health officer\* named below 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 4.451 if the alien has not reported.

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

I represent (enter X in the appropriate box and give complete name and address of facility):

- |                            |   |                            |   |
|----------------------------|---|----------------------------|---|
| 1 <input type="checkbox"/> | Local Health Department Outpatient Clinic | 3 <input type="checkbox"/> | Other Public or Private Health Facility |
| 2 <input type="checkbox"/> | Military Hospital                         | 4 <input type="checkbox"/> | Private Practice                        |

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

\* Military submits direct to  
Center for Disease Control, Atlanta, GA 30333

Date	Signature of Physician
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APPLICANT'S SPONSOR IN U.S.: If medical care will be provided by a physician who checked box 3 or 4 in Section B, 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 U.S. Provide the health officer with the address at which the applicant plans to reside in the U.S.

**C. ENDORSEMENT BY LOCAL OR STATE HEALTH OFFICER**

Date	Endorsed by: Signature of Health Officer
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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.

Enter name and address of the local health department to which the "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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Date	Signature of Physician
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