



## INA 212(a)(1)(A)(i) WAIVER CERTIFICATION

I certify that:

- a) I do not currently show symptoms indicative of an active AIDS-related condition that is contagious or that requires urgent treatment.
- b) I am aware of, understand, and have been counseled on the nature and severity of my medical condition. I am also aware of and have been counseled on the communicability of my medical condition, including the fact that I must not donate blood or blood components.
- c) I am knowledgeable of the routes of transmission of HIV, including sexual contact, sharing needles, and blood transfusions, and understand that I must avoid these activities to minimize the danger of transmission of the infection to any other person in the United States.
- d) If I have been prescribed antiretroviral drugs, I have access to an adequate supply for my anticipated stay in the United States.
- e) I possess sufficient assets or insurance, acceptable in the United States, to cover any medical care that I may require in the event of illness at any time while in the United States. Therefore, I will not create any cost to the United States, or a State or local government, or any agency thereof, without the prior written consent of that agency.
- f) I am seeking admission solely for activities that are consistent with B-1 (business visitor) or B-2 (visitor for pleasure) nonimmigrant classifications.
- g) I understand that I am not eligible to seek admission under section 217 of the Immigration and Nationality Act, which allows some visitors from specified countries to be admitted without visas.
- h) I understand and agree that no single admission to the United States will be for more than 30 days.

In signing below, I understand that I am waiving the opportunity to apply for any extension of nonimmigrant stay (except under the appropriate circumstances, at its discretion the Department of Homeland Security (DHS) may grant an additional period of stay before satisfactory departure), a change of nonimmigrant status, or adjustment of status to that of permanent resident (except in asylum cases), whether filed affirmatively with DHS or defensively in response to an action for removal. I understand and agree that any failure to comply with conditions of admission will result in a permanent inability to apply for the benefits of this provision.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date (mm-dd-yyyy)