

**APPLICANT PHYSICIAN ASSURANCES
FOR J-1 VISA WAIVER APPLICATIONS**

(Completion of this form satisfies the physician assurances required under U.S. Department of State regulations 22 CFR 41.63. Failure to complete this form will result in an application being deemed ineligible for a state recommendation for a J-1 visa waiver.)

This form has been renumbered and revised. Please update your link to the following:
<http://dhs.wisconsin.gov/forms/F4/F43005.pdf>