

**U.S. Department of State  
Exchange Visitor Attestation**

I, \_\_\_\_\_, hereby declare and certify, under penalty of the provisions of 18 U.S.C. 1001, that I do not have pending, nor am I submitting during the pendency of this request, another request to any United States Government department or agency or any other state department of public health, or equivalent, other than the Hawaii Department of Health, to act on my behalf in any matter relating to a waiver of my two-year, home country, physical presence requirement.

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date