*MEDICAL REPORT

I, ____________________________, a duly licensed Physician, PA, or NP in the state of ____________________________, have examined ____________________________, and my medical examination reveals that to the best of my knowledge, the applicant is not dependent on narcotic drugs or alcohol. Moreover, I find that the applicant has no physical or mental DISABILITIES that would impact his/her practicing, except for the following:

Medical Condition or N/A ____________________________

State of ____________________________ on ____________________________

City ____________________________ Date ____________________________

The examination was made in ____________________________

Signature of Physician, PA, or NP ____________________________

Medical Office Stamp, or Name & Address of Practice ____________________________

Examination must have been completed within 6 months of application date.