

PHYSICIAN'S STATEMENT

I have examined _____ on this date _____ and to the best of my knowledge, I find the applicant to be of sound physical and mental health and free of physical defects or diseases which might impair the applicant's ability to drive or attend an ambulance. I also find said applicant's vision to be or have been corrected to at least 20/40 in both eyes.

_____, MD/DO/PA/APN (Circle one) Nevada License No. _____

Address: _____
Street City State Zip