

**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) NV Lic. # \_\_\_\_\_  
Signature

Address: \_\_\_\_\_  
Street City State Zip