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## Statement of Health

Check one of the health statements below, by my signature hereto,

I represent that presently, and for five years prior to the date of my signature, I **do not** have, have not had, and have not been diagnosed and/or treated as having any illness, condition or symptom relating to any physical or behavioral health condition that would impact in any manner upon my ability to either practice medicine in general, or perform any of the functions in particular that are set out in the position description of the position for which I am presently applying.

I have an impairment that affects my ability to perform the clinical privileges requested and for which I require special accommodation.

Reasonable accommodation needed: \_\_\_\_\_

I have an impairment that DOES NOT affect my ability to perform the clinical privileges requested. NO special accommodations are needed.

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Applicant's Signature

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Date

**Confirmation of health status on initial appointments must meet the facility's accrediting body standards and governance documents. The confirming health care practitioner may not be related to the applicant by blood or marriage.**

I hereby confirm that the provider identified above  **does**  **does not** currently have any health problems (including disability, emotional stability, drug, or alcohol dependency) that might impair his/her ability to care for patients.

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Name (Printed or Typed)

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Signature

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Title/Degree

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Date

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