

Physician's Certification Statement

Studen	t's Name:	Student ID Number	r:
	certify that the above named persorable to engage in substantial gainful	n has been examined and in my profest activity.*	ssional opinion is
<u> </u>	cannot certify that the above name	person is able to engage in substantia	ıl gainful activity.*
k		ed as a level of work performed for pay all activity or a combination of both.	that involves doing
Date E	kamined:		
Commo	ents:		
	Name of Physician	Signature	Date
	Address		
	Phone Number	License Number	State of License