



INSURESCAN MGA LLC
 1716 Catherine Court
 Suite 1D
 Auburn, AL 36830

MEDICAL HEALTH STATEMENT

To be completed by the Physician

Name of Applicant	Date of Birth
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Address	Apt#
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City	State	Zip Code
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To the Physician: The purpose of this examination is to determine the applicant's general state of health and their ability to safely operate a motor vehicle. The company will treat this information as confidential.

Is the applicant currently under treatment for or showing symptoms of any of the following?

- | | | |
|--|------------------------------|-----------------------------|
| > Multiple Sclerosis | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| > Epilepsy | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| > Diabetes | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| > Neurological Disease | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| > Mental Disease | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| > Emotional Disorder | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| > Visual Impairment | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| > Hearing Impairment | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| > Amputations | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| > Arthritis | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| > Polio | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| > Any disease which would interfere with the use of their upper or lower extremities | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If any of the preceding questions are answered 'YES', please provide an explanation _____

Given the sum of the completed examination, in your opinion is the applicant's general physical and mental status such as to allow his/her safe operation of an automobile? Yes No

Physician's Name (please print)	Address
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Physician's Signature _____ Date _____