INSURESCAN MGA LLC
P.O. BOX 3005
Auburn, AL 36831

MEDICAL HEALTH STATEMENT

To be completed by the Physician

Name of Applicant | Date of Birth

Address | Apt#

City | State | Zip Code

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	□ Yes	□ No
> Epilepsy	□ Yes	□ No
> Diabetes	□ Yes	□ No
> Neurological Disease	□ Yes	□ No
> Mental Disease	□ Yes	□ No
> Emotional Disorder	□ Yes	□ No
> Visual Impairment	□ Yes	□ No
> Hearing Impairment	□ Yes	□ No
> Amputations	□ Yes	□ No
> Arthritis	□ Yes	□ No
> Polio	□ Yes	□ No
> Any disease which would interfere with the use of their upper or lower extremities	□ Yes	□ 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

Physician's Signature _____ Date _____