[illegible]

PART I: TO BE COMPLETED BY THE STUDENT

[illegible]

[illegible]

[illegible]

[illegible]

1. [illegible] ?

PART II: TO BE COMPLETED BY THE MEDICAL PROVIDER

[illegible]

[illegible]

- [illegible]
- [illegible]

[illegible]

1a. [illegible]

2. [illegible]

3a. Date of birth _____

3. Do you have any other name or initial that you usually use?

4. If the last name changed, what was your last name when you were born?

5. Are you a male who is required to register with the Selective Service? If "Yes," go to Section 6. If "No," what is the reason this does not apply to you?

6. Are you presently employed? If yes, please provide the following:

Address