

CERTIFICATE OF MEDICAL EXAMINATION

*GOLDEN STATE GRAND CHAPTER
ORDER OF THE EASTERN STAR
P.H.R.A.
STATE OF CALIFORNIA*

TO: **EXAMINING PHYSICIAN**

RE: _____

SUBJECT: **CERTIFICATE OF MEDICAL CONDITION**

Name: _____ Age: _____

The above named person has petitioned _____,
for membership into its society. Our Constitution requires a medical examination of the Blood
Pressure, Heart and Lungs, especially. To that end, the individual has authorized below your
release of the requested information. Thank you for your cooperation

I, _____ hereby, authorize you to release
the information requested.

Signature: _____ Date: _____

A. BLOOD PRESSURE _____

B. HEART _____

C. LUNGS _____

D. GENERAL HEALTH _____

(SIGNATURE OF PHYSICIAN)

(DATE OF PHYSICAL)