VERIFICATION OF DISABILITY

TO BE COMPLETED BY THE MEMBER

Members Name:____

Member Number:________ - ____________ Phone Number: (_________)__________________________

TO BE COMPLETED BY THE PHYSICIAN

Patient's Name:____

Please fill out this form regarding your patient (listed above). Be aware that the purpose of this document is to allow your patient to alter the terms of a legally binding contract with a health club.

My patient's club use was affected on: _______/_______ /__________ .

This condition: (check one)
1. ☐ Does not allow my patient to utilize a health club under any circumstances, or in any way.
2. ☐ Would not affect health club use.
3. ☐ Allows my patient limited use of a health club as explained below:

____
____
____

The duration of this condition: (check one)
1. ☐ Ended on:_______/_______ /__________ .
2. ☐ Still persists, and will last for ________ (weeks / months / years) **from the onset** of the condition.
3. ☐ Still persists, and will be permanent. (circle one)

I certify that the patient listed above is my patient and is under my care. I also certify that a thorough physical examination and any necessary testing was done to make these conclusions regarding my patients disability. I understand that by making these representations I will make myself available for necessary testimony in a court of competent jurisdiction to verify that the above-referenced patient's condition is stated truthfully, and that any costs associated with such testimony will be incurred by the patient. I also understand that if any of the above representations are found to be untrue that I could be found liable for damages and prosecuted to the full extent of the law.

____, MD
Medical Doctor's Signature

_______/_______ /__________
Date

____, MD
Medical Doctor's name, printed

____
Medical Licence number (Required)

(__________)____________________________
Medical Doctor's phone number

Mail to:
ABC Financial Services, Inc.
Attn: Member Services
PO Box 6800
Sherwood, AR 72124

or Fax to:
(501) 992-0802

Questions: 1-800-622-6290