



# Blessing and Family Ministry

Ministry of Family Federation for World Peace and Unification

## CONFIRMATION OF HEALTH EXAM

This is to certify that \_\_\_\_\_ was examined  
by me on \_\_\_\_/\_\_\_\_/\_\_\_\_, and was found to be in good general health and has no  
significant history of illness, injury or major hospitalization, other than those mentioned below:

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\_\_\_\_\_  
Medical Provider Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Medical Provider Name

\_\_\_\_\_  
Office Phone Number

\_\_\_\_\_  
Medical Provider Office Address

**(Requires Doctor's Official Stamp or Letterhead)**