



**Unification Church- USA
Family Department**

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:

Medical Provider Signature _____ Date _____

Medical Provider Name and Office Phone Number _____

Medical Provider Office Address _____

(Requires Doctor's Official Stamp or Letterhead)