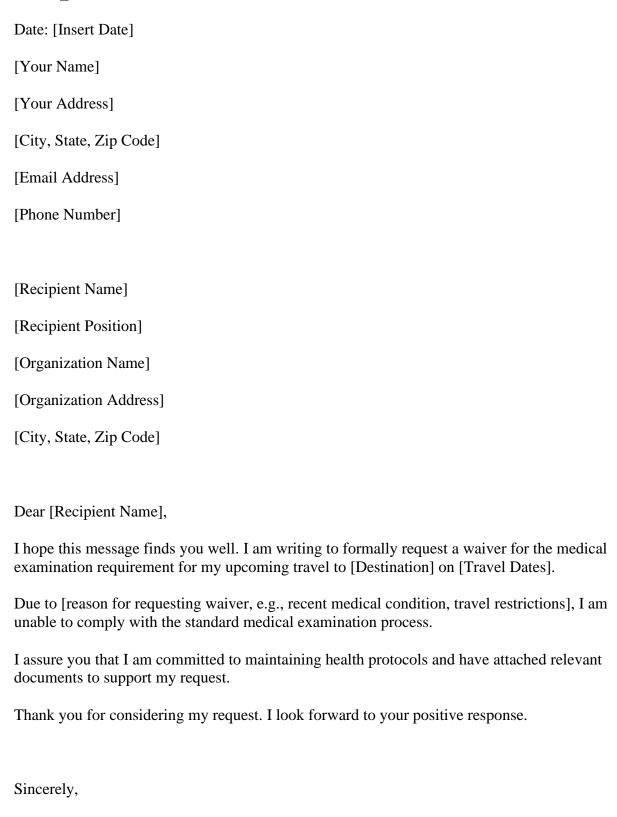
Request for Medical Examination Waiver



[Your Name]