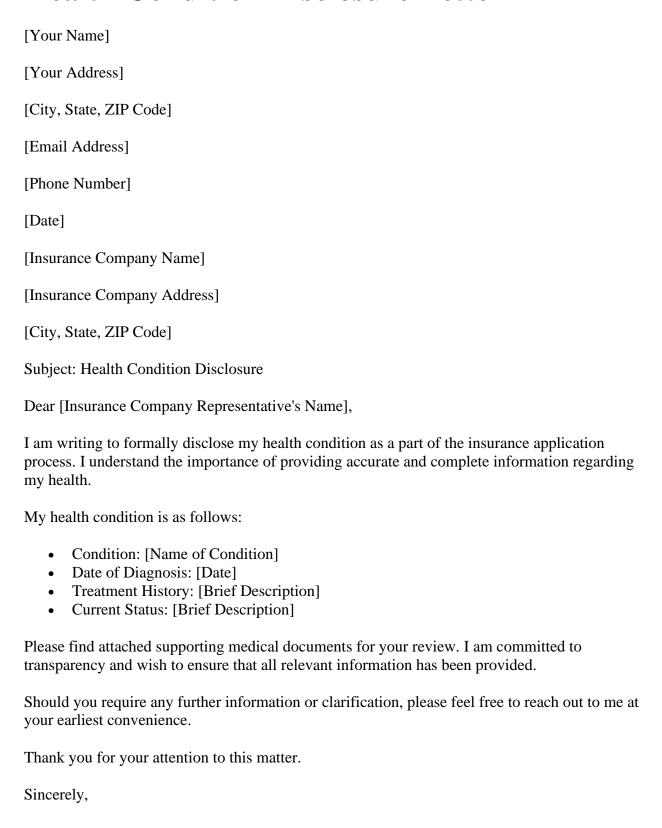
## **Health Condition Disclosure Letter**



[Your Signature (if sending a hard copy)]

[Your Printed Name]