

## ***Medical Certificates***

This certificate is to be send to Grand Medical Examiner with the required \$ 2.00 Fee with each Medical Certificate.

The check should be made to Dr. LaVert Morrow MD

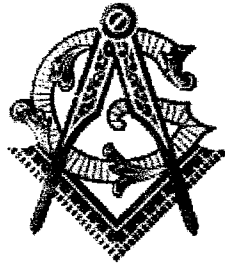
**Dr LaVert Morrow, MD**

6826 Natural Bridge

St. Louis MO 63121

314-389-6700

MOST WORSHIPFUL PRINCE HALL GRAND LODGE, F. & A.M.  
OF MISSOURI AND JURISDICTION



MEDICAL CERTIFICATE

FOR

Name \_\_\_\_\_ Date \_\_\_\_\_  
(Print) First Middle Last Age \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Application for membership in \_\_\_\_\_ Lodge, NO \_\_\_\_\_  
Located at \_\_\_\_\_ Occupation \_\_\_\_\_ Single \_\_\_\_\_ Married \_\_\_\_\_  
Number of children \_\_\_\_\_

Rev/tc/10-07

Exhibit K-1

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Name \_\_\_\_\_

Date of Birth: Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_ Birthplace \_\_\_\_\_

**STATEMENT OF MEDICAL EXAMINER**  
*Physical Examination*

Pulse \_\_\_\_\_ Respiration \_\_\_\_\_ B.P. Systolic \_\_\_\_\_ Diastolic \_\_\_\_\_ HGT \_\_\_\_\_ WGT \_\_\_\_\_

General Appearance \_\_\_\_\_

Head \_\_\_\_\_

Eyes \_\_\_\_\_

Ears \_\_\_\_\_

Nose \_\_\_\_\_

Throat \_\_\_\_\_

Neck \_\_\_\_\_

Chest \_\_\_\_\_

Lungs \_\_\_\_\_

Heart \_\_\_\_\_

Abdomen \_\_\_\_\_

Back and Spine \_\_\_\_\_

Genitals \_\_\_\_\_

Rectum \_\_\_\_\_

Hernia \_\_\_\_\_

Extremities \_\_\_\_\_

Remarks \_\_\_\_\_

**URINALYSIS**

Color \_\_\_\_\_ Specific Gravity \_\_\_\_\_ Reaction \_\_\_\_\_

Albumin \_\_\_\_\_ Sugar \_\_\_\_\_

I hereby certify that I have examined the above applicant carefully and the above are correct statements of my findings.

I am a graduate of \_\_\_\_\_ Medical School, Year \_\_\_\_\_

Do you recommend the applicant physically? Yes \_\_\_\_\_ No \_\_\_\_\_

Signed \_\_\_\_\_ MD Date \_\_\_\_\_

*Local Medical Examiner*

\_\_\_\_\_  
*Physicians Name (Printed or Typed)*

\_\_\_\_\_  
Address, City, State & Zip

Received and mailed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

Approved \_\_\_\_\_ Rejected \_\_\_\_\_ Grand Medical Examiner \_\_\_\_\_

Exhibit K-3