## **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

### $\mathbb{F}\mathbb{O}\mathbb{R}$

				Date		
Name					Age	
(Print)	First	Middle	Last			
Address_		City		State	Zip	
Applicatio	on for membership in			L	odge, NO	
Located at		Occupation_		Single	Married	
Number of	f children					

Rev/tc/10-07

#### STATEMENT TO MEDICAL EXAMINER

(To be completed by candidate)

### **Family History**

Father Living	_Age	Death	Cause		Year
Mother Living	Age	Death	Cause		Year
To the best of you	r knowled	ge has there	ever been a	ny case of insar	Year
opnopsy, cancer,	50 V 010 W110	igios or saic	ido iii yodi i	<u></u>	
PERSONAL HIS	STORY				
Have you ever use	ed habit fo	rming drugs	or been trea	ted for any drug	g or alcohol habit?
Have you ever app	plied for L	ife, Acciden	t or Health I	nsurance or for	membership in this or any
other Fraternal Or					
				eated for any o	f the following diseases,
answer yes or no.					
answer yes or no.	11 ) 05, 51,	o dotains in t	Yes No		
A. Head or Neck	disorders (	or Operation	<b>a</b>		
B. Diseases of the		or Operation			
C. Heart Disease	Lungs				
D. Diseases of the	Circulata	ry System			
E. Disorders of the					
F. Diseases of the	_	-	m		
		, ,			
G. Diseases of the	,				
H. Diseases of the	Nervous	System			
I. Cancer					
J. Tumors		***			
K. Operations: Ty	pe	When	<del></del>		
When did you last	t consult a	Physician?		· · · · · · · · · · · · · · · · · · ·	
For what ailment?	'				
Name of Physicia	.n				· · · · · · · · · · · · · · · · · · ·
Address:		City		State	Zip
Remarks;			···		
-	forfeit all		may have be	een granted on	ald any prove to be otherwise, the strength of such
			Signed_		
I agree, under the Lodge and mainta	•				of the M.W.P.H. Grand
Signed		Sic	gned		
Witnes				andidate	<del></del>
VV ILLIES	33		C.	unaidato	
History Verified_				Date	
	Examini	ng Physician			Page 2 of 3

Ful. L. + K-2

Name						
Date of Birth: Day						<u></u>
		·				
	STATE	MENT OF ME <i>Physical Ex</i>			ER	
PulseRespira	ation	R P Systolic		Diaetolic	нст	WGT
					1101	
General Appearance_ Head						
Head						
Eyes	***					
Ears	· · · · · · · · · · · · · · · · · · ·					
Nose				· · · · · · · · · · · · · · · · · · ·		
Throat						
Neck						
Lungs						
Heart						
Abdomen				·		
Back and Spine						
Genitals				<del></del>		
Rectum						
Hernia		<u></u>				
Extremities						
Remarks	······································	<del></del>				
URINALYSIS						
	c	Specific Gravity		React	ion	
Albumin		Sugar				······································
Albumin I hereby certify that I	have evami	ougai ned the above o	mlica	nt carefully an	d the above	are correct
statements of my find		ned the above a	риса	in carciumy am	a are above	are correct
I am a graduate of	பாது.	N/	ledica	1 School Vear		
I am a graduate of			icuica i	No		
Do you recommend t	ine applicant	physicany: 10	·	110	<u>—</u>	
Signed Local Medi			MD	Date		
Local Medi	ical Examin	e <b>r</b>				
Physicians Name (P	rinted or Ty	ped)		Address, Cit	y, State & Z	Zip
Received and mailed	at		this	day of	20_	

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

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