United Automobile Insurance Company
PO BOX 5137
Oak Brook, IL 60523
Phone (630) 282-1800 ◇ Fax (630) 571-1126

Medical Health Statement

(To be completed by the physician)

_____ _____
Name of Applicant Date of Birth

_____ _____
Address Apt#

_____ _____ _____
City State Zip Code

To the Physician: The purpose of this examination is to determine the applicant's general state of health and their ability to safely operate a motor vehicle. The company will treat this information as confidential.

Is the applicant currently under treatment for or showing symptoms of any of the following:

➢ Multiple Sclerosis	_ Yes	_ No
➢ Epilepsy	_ Yes	_ No
➢ Diabetes	_ Yes	_ No
➢ Neurological Disease	_ Yes	_ No
➢ Mental Disease	_ Yes	_ No
➢ Emotional Disorder	_ Yes	_ No
➢ Visual Impairment	_ Yes	_ No
➢ Hearing Impairment	_ Yes	_ No
➢ Amputations	_ Yes	_ No
➢ Arthritis	_ Yes	_ No
➢ Polio	_ Yes	_ No
➢ Any disease which would interfere with the use of their upper or lower extremities	_ Yes	_ No

If any of the preceding questions are answered 'YES', please provide an explanation_____
_____
_____
_____

Given the sum of the completed examination, in your opinion is the applicant's general physical and mental status such as to allow his/her safe operation of an automobile? _ Yes _ No

_____ _____
Physician's Name (please print) ` Address

_____ _____
Physician's Signature` Address

_____
Date