

Physician's Certification



Henderson Hall ■ 29 Carpenter Road ■ Arlington, VA 22212
Phone: 800-628-6011 ■ Fax: 703-945-1441 ■ E-mail: counselor@navymutual.org ■ Website: www.navymutual.org

Date: _____

This is to certify that _____
Proposed Insured's / Patient's Full Name

SSN: _____ DOB: _____
Proposed Insured's / Patient's Social Security Number Proposed Insured's / Patient's Date of Birth

had a recent examination on _____, 20 _____. The following findings were noted:

- Normal examination with no significant medical history or abnormalities noted.
- Other (please explain any significant medical history or exam findings – use additional sheets, signed and dated, if necessary):

Primary Care Provider's Signature: _____

Stamped, Typed or Printed Name & Title: _____

Address: _____

Phone No. _____

Member/Sponsor (full name): _____

Member/Sponsor SSN: _____

Children / Grandchildren BETWEEN AGES 6 MONTHS TO 17 YEARS OF AGE, require either this "Well Child Statement" completed by the child's pediatrician or primary care provider or a copy of a recent check-up or school physical.

Please mail this form to: Navy Mutual Aid Association, Henderson Hall, 29 Carpenter Rd., Arlington, VA 22212
Or fax to: 703-945-1441