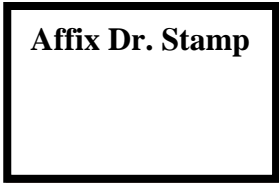

Medical Statement and Clearance from Medical Physician

Mr. _____ is physically fit and has no terminal illness detected.

Physician's Full Name (Print)



Physician's Signature

Date

GRAND LODGE USE ONLY

Date Joined _____

Date Suspended _____

**Paid to Date at
Time of
Suspension:**

Amount of GL Taxes in Arrears: \$ _____

**Endowment
Class/Amount:**

Amount of Endowment Dues in Arrears: \$ _____

**Burial
Class/Amount:**

Amount of Burial Dues in Arrears: \$ _____

Amount of Registration Due: \$ _____

Amount of Assessment Due: \$ _____

Total Amt owed Grand Lodge: \$ _____

Total Restoration Fee: \$ _____

Approved / Denied

Date _____

**Corey D. Hawkins, Sr., Esq., MWGM
M.W.P.H.G.L., F. & A. M. of Alabama**