MEDPRO RRG RISK RETENTION GROUP Medical Condition Supplement Please make additional copies if needed.

If answered "Yes" in Section IV to question E please complete the following:

If you have a medical condition, state condition(s) and date(s) and identify your treating physician(s) in the space provided below. In the event of such an impairment, <u>a statement from your treating physician attesting to</u> your fitness to practice your specialty must accompany this application.

Type(s) of condition:		
Date(s) of treatment(s):	From:/ To:/	Currently in treatment
Names of treating physician(s): Address(es):		

MCS-001-NY 05/2014