



**Falcon Insurance Company**  
 Serviced by Talon Financial Services, LLC  
 PO Box 3725  
 Oak Brook, IL 60522 Phone 800-929-3252

# Physician Health Statement

Fax to (888) 958-7731

Insured Name & Address:	Date of Birth:	_____
_____	Policy#:	_____
_____	Driver Needing Statement:	_____
_____		

*To be completed by Physician and faxed to number above.*

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

Is the Person currently under treatment for or showing symptoms of any of the following?

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| ➤ Multiple Sclerosis  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ➤ Cerebral Palsy  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ➤ Heart Attack  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ➤ Stroke  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ➤ Epilepsy  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ➤ Diabetes  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ➤ Neurological Disease  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ➤ Mental Disease  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ➤ Emotional Disorder  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ➤ Visual Impairment   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ➤ Hearing Impairment  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ➤ Amputations   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ➤ Arthritis   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ➤ Polio   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ➤ Any disease which would interfere with the use of their upper or lower extremities. | <input type="checkbox"/> Yes | <input type="checkbox"/> 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)	
_____	_____
Physician's Signature	
_____	_____
Date	Physician's Address

