

K'IMA:W MEDICAL CENTER HEALTH STATEMENT

Date:

TO: Chief Executive Officer Governing Board

Subject: Health Statement

It is my opinion that _______, is mentally and physically capable of performing the delineated privileges requested at K'ima:w Medical Center.

Print Name - Provider Completing Form

Sign Name - Provider Completing Form

Print $\mathbf{n} \text{ame}$ of provider form is being $% \mathbf{n} = \mathbf{n} \mathbf{n} \mathbf{n}$ completed for

License #

Date