

The very first record of a member is the CERTIFICATE OF HEALTH

### CERTIFICATE OF HEALTH

M. W. P. H. GRAND LODGE OF VIRGINIA, F & A M, Inc.

*Please Print All Information!*

FULL NAME OF APPLICANT \_\_\_\_\_

DATE OF BIRTH \_\_\_\_ / \_\_\_\_ / \_\_\_\_ AGE \_\_\_\_ DATE RAISED \_\_\_\_ / \_\_\_\_ / \_\_\_\_

I, \_\_\_\_\_ hereby certify that I am \_\_\_\_\_ years of age. My address is:

Please Print \_\_\_\_\_ Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**PHYSICIAN'S STATEMENT:** Are there any signs of the following: Paralysis \_\_\_\_\_ Deformity \_\_\_\_\_

Tuberculosis \_\_\_\_\_ Cancer \_\_\_\_\_ Organic Disease \_\_\_\_\_ Insanity \_\_\_\_\_

I hereby certify to the M. W. P. H. Grand Lodge of VA, F&A Masons, Inc. that on this \_\_\_\_\_ day of \_\_\_\_\_

I personally examined the individual who has signed his name above. I further certify that in my opinion as a practicing

Physician, said life is in \_\_\_\_\_ (Good/Bad) health and that the said life's Constitution is \_\_\_\_\_ (Sound/Impaired).

\_\_\_\_\_, M.D. Address \_\_\_\_\_

This member desires to enter as a: \_\_\_\_\_ New Member \_\_\_\_\_ Rejoining Member \_\_\_\_\_ No. \_\_\_\_\_

\_\_\_\_\_, Secretary \_\_\_\_\_ Lodge \_\_\_\_\_

**NOTE: Medical report must be made on all new and rejoining members**

*The Certificate of Health should be kept in the Lodge.  
Please use a Membership Activity Report for reporting a new member.*