U.S. DEPARTMENT OF ENERGY
POLYGRAPH EXAMINATION
MEDICAL CERTIFICATION

Date: «DATE»  File Number: «FILE»

1. I, «F.MIDDLE.L.NAME», certify that I am presently in good health and that I am not being treated by a physician, psychiatrist, psychologist, therapist, or counselor for any physical or mental health disorder or concern (except as listed in paragraph 4).

2. I further certify that I am not now, nor have I ever been, treated for serious diseases of the heart, lungs, or central nervous system (except as listed in paragraph 4).

3. I know of no reason why I should not undergo a polygraph examination at this time.

4. List any exceptions to the above:
   a.
   b.
   c.
   d.
   e.

5. I certify that there are no exceptions, except as identified above, if applicable. I desire to continue with the polygraph examination and consider myself fit to undergo the examination.

______________________________
Signature of Examinee

______________________________
Witness

Contains information which may be exempt from public release under the Freedom of Information Act (5 USC 552) exemption numbers 2 and 7(E).
Approval by the Department of Energy is required prior to release.