

OFFICIAL USE ONLY**U.S. DEPARTMENT OF ENERGY
POLYGRAPH EXAMINATION
MEDICAL CERTIFICATION**

Date: «DATE»

File Number: «FILE»

1. I, «F_MIDDLE_LNAME», 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.

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