

BINGHAMTON

UNIVERSITY

STATE UNIVERSITY OF NEW YORK

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**CONFIDENTIAL MEDICAL STATEMENT  
FOR ORDINARY (NOT WORK-RELATED) DISABILITY**

Today's Date: \_\_\_\_\_

*Patient:*

Name (please print) \_\_\_\_\_

Address \_\_\_\_\_

*Provider:*

Name (please print) \_\_\_\_\_

Address \_\_\_\_\_