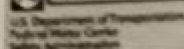


Adult Donor Statement
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Medical Examiner's Certificate

Medical Examiner's Certificate Expiration Date
06/27/2024

The information I have provided regarding this physical examination is true and complete. A complete Medical Examination Report Form, MCSA-5875, with any attachments, embodies my findings completely and correctly, and is on file in my office.

☐ Yes ☐ No

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