

**CHRONIC GASTROINTESTINAL ILLNESS
INCLUDING: CROHN'S DISEASE, CELIAC DISEASE, REPETITIVE ANAL
FISTULAS, IRRITABLE BOWEL SYNDROME, ULCERATIVE COLITIS**

Applicants who have a history of one of these diseases/ syndromes: are requested to obtain completion of the form below by their treating physician.

1. Age of onset of the illness
2. How diagnosis was made
3. Severity of the illness
4. Symptoms manifested by applicant both within last six months, and at present
5. Current treatment including medication and diet
6. Any physical restrictions
7. Short and long term prognosis
8. Affects of stress, re: this condition
9. Chances of incapacitation, re: applicant's ability to function as a Special Agent

Physician Signature _____ Date _____
Specialty _____ Board Certified Y ___ N ___
Print Name _____
Additional Comments: