PHYSICIAN'S OR NURSE PRACTITIONER'S CERTIFICATE

This is to certify that I,	, am a physician or nurse
practitioner licensed in Mississippi and that on	, 20, I made a
physical examination of	and from such examination, I find
that said minor child is in a state of good physical a	and mental condition.
SO CERTIFIED, this the day of	, 20
	Physician / Nurse Practitioner