



Physician's Statement Form

is a veteran who has a spinal cord injury or disease.

His/her diagnosis is:

- ☐ Paraplegia
- ☐ Tetraplegia
- ☐ Brown Sequard Syndrome
- ☐ Cauda Equina Syndrome
- ☐ ALS
- ☐ Multiple Sclerosis
- ☐ Transverse Myelitis
- ☐ Other (please specify)

Veterans with a SCI/D (excluding those with MS and ALS) must have an associated neurological impairment (such as bowel/bladder dysfunction, complete or partial paralysis, sensory loss) to be eligible for PVA membership. Please specify their neurological impairment.

Neurological impairment:

Physician's Signature

Physician's Name

Physician's Title

Physician's Phone/Email

Date Signed