

The very first record of a member is the CERTIFICATE OF HEALTH

**CERTIFICATE OF HEALTH**  
**M. W. P. H. GRAND LODGE OF VIRGINIA, F & A M, Inc.**  
**Please Print All Information!**

FULL NAME OF APPLICANT \_\_\_\_\_

DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_ AGE \_\_\_\_ DATE RAISED \_\_\_\_/\_\_\_\_/\_\_\_\_

I, \_\_\_\_\_ hereby certify that I am \_\_\_\_\_ years of age. My address is:

\_\_\_\_\_  
Please Print Street Address City State Zip Code

**PHYSICIAN'S STATEMENT:** Are there any signs of the following: Paralysis \_\_\_\_\_ Deformity \_\_\_\_\_  
Tuberculosis \_\_\_\_\_ Cancer \_\_\_\_\_ Organic Disease \_\_\_\_\_ Insanity \_\_\_\_\_

I hereby certify to the M. W. P. H. Grand Lodge of VA, F&A Masons, Inc. that on this \_\_\_\_\_ day of \_\_\_\_\_  
Date Month

\_\_\_\_\_ I personally examined the individual who has signed his name above. I further certify that in my opinion as a practicing  
Year Physician, said life is in \_\_\_\_\_ (Good/Bad) health and that the said life's Constitution is \_\_\_\_\_ (Sound/Impaired).

\_\_\_\_\_, M.D. Address \_\_\_\_\_

This member desires to enter as a: \_\_\_\_\_ New Member \_\_\_\_\_ Rejoining Member  
\_\_\_\_\_, Secretary Lodge \_\_\_\_\_ No. \_\_\_\_\_

**NOTE: Medical report must be made on all new and rejoining members**

*The Certificate of Health should be kept in the Lodge.  
Please use a Membership Activity Report for reporting a new member.*