

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)
	se with MS and ALS) must have an associated neurological impairmen complete or partial paralysis, sensory loss) to be eligible for PVA rological impairment.
Neurological impairment:	
Physician's Signature	
Physician's Name	
Physician's Title	
Physician's Phone/Email	
Date Signed	