COURT SECURITY OFFICER CONTRACTOR'S MEDICAL PRACTIONER'S DATA SHEET

ATTENTION CONTRACTOR: Pursuant to your contract with the United States Marshals Service, this form must be completed and submitted for each designated licensed physician that you desire to perform and document medical examinations on behalf of your company. To obtain approval, this form must be submitted to the Judicial Security Division, Chief, Office of Court Security, Washington, DC 20530-1000. Incomplete forms will be considered unacceptable and will be returned for completeness. Type or legibly print all requested information. If the information is not legible, the form will be considered unacceptable and returned for correction. This form must be submitted in accordance with the time requirements stated in the applicable United State Marshals Service's contract.

PHYSICIAN'S NAME _____

PHYSICIAN'S TELEPHONE NO. ( ) _____ - _____

PHYSICIAN'S ADDRESS

_____
Street Address

_____ City _____ State _____ Zip Code

PHYSICIAN'S SOCIAL SECURITY NUMBER _____ - _____ - _____

DATE OF BIRTH _____ - _____ - _____

NAME AND LOCATION OF THE MEDICAL SCHOOL ATTENDED:

_____
Street Address

_____ City _____ State _____ Zip Code

MONTH AND YEAR OF GRADUATION: _____ - _____ - _____

LIST JOB RELATED LICENSES: _____

DATE OF LATEST LICENSE: _____ - _____ - _____

STATE OF LICENSE: _____

MEDICAL LICENSE NUMBER: _____