

## Physician's Statement Form

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

His/her diagnosis is:	<ul> <li>□ Paraplegia</li> <li>□ Tetraplegia</li> <li>□ Brown Sequard Syndrome</li> <li>□ Cauda Equina Syndrome</li> <li>□ ALS</li> <li>□ Multiple Sclerosis</li> <li>□ Transverse Myelitis</li> <li>□ Other (please specify)</li> </ul>
	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	