

! EXAMPLE ONLY !

Model Declaration of Physician

"I, (physician's full name), (physician's medical license or certificate number), am a licensed physician in (jurisdiction). I attest that (name of petitioner) has undergone clinically appropriate treatment for the purpose of gender transition to (male or female).

I declare that the foregoing is true and correct to the best of my knowledge."

Sworn to this _____ day of _____, 20____, in _____ (city), [state].

Dr. XXX