



Ohio State Dental Board  
77 S. High Street, 17<sup>th</sup> Floor  
Columbus, Ohio 43215-6135

Dental.Ohio.Gov

Medical Report

**\*MEDICAL REPORT**

I, , a duly licensed Physician, PA, or NP in the  
**Physician/Physician Assistant/Nurse Practitioner**

state of , have examined , and  
**State Name of Applicant**

my medical examination reveals that to the best of my knowledge, the applicant is not dependent on narcotic drugs or alcohol. Moreover, I find that the applicant has no physical or mental **DISABILITIES** that would impact his/her practicing, except for the following:

. The examination was made in ,  
**Medical Condition or N/A City**

state of , on   
**State Date**

Signature of Physician, PA, or NP

Medical Office Stamp, or  
Name & Address of Practice

**Examination must have been completed within 6 months of application date.**