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## **HABITUATION STATEMENT**

\_\_\_\_\_\_ is free from any health impairment that is a potential risk to the patient or to other employee or which may interfere with the performance of his/her duties including the habituation or addiction to depressants, stimulants, narcotics, alcohol or other drugs, or substances which may alter the individual's behavior.

Physician Signature:

Stamp and Lic. No.

Date: