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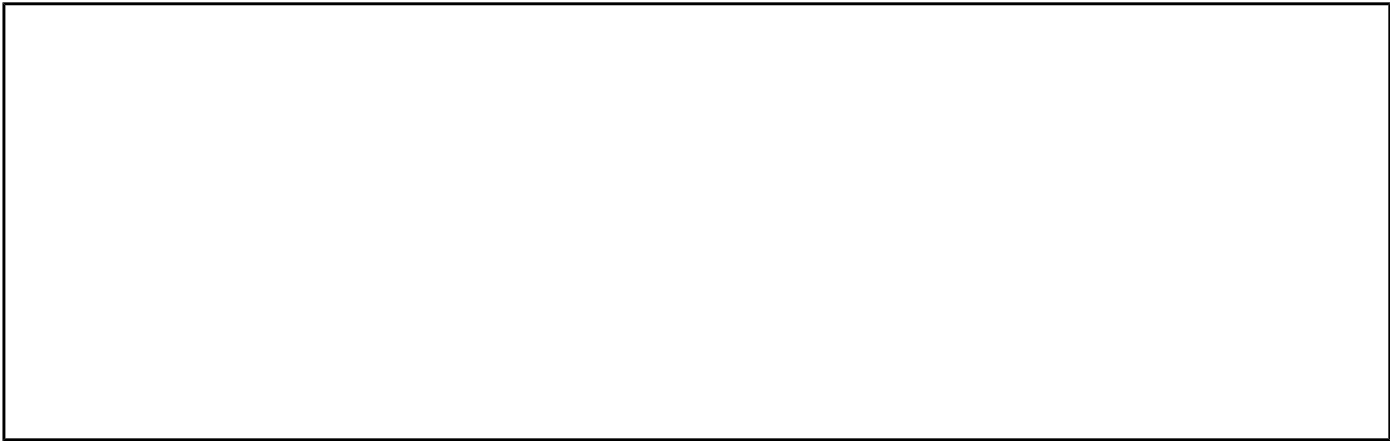
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I certify that the information provided on this form is accurate to my knowledge and that the person identified in this assessment as "the Patient" experiences the impairments I have indicated.

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