

3

4

" "

&

%

! %" ! ! !

! "

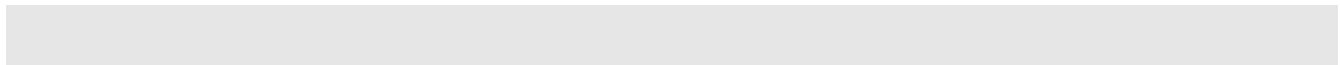
" !

&

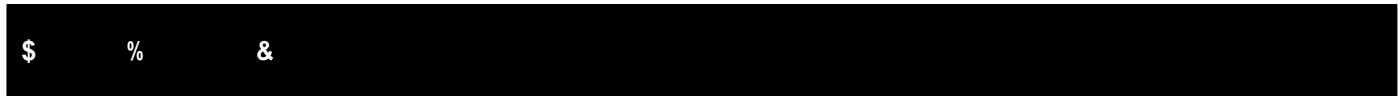
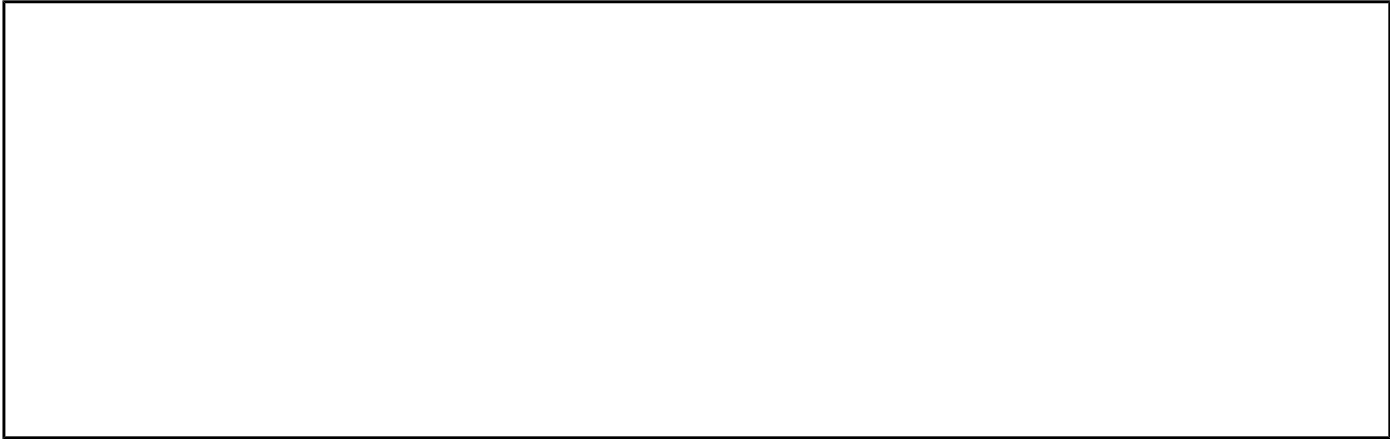
! 5

! " " !

6% "



= !" !
 & ! !# % 22222222222222222222222222222222
 # > 6% ! % (" & ! 3 4 ! !
 □ ? - □ + - □ ! □ @% □ <!!% □ 1 22222222222222222222222222222222
 A % % !- % " -! # % & !7 " " ! %"! !" ! % B



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.

; ! " <		9 ! ; C
1 % !* 0 ! " <		: ! % #
! <"		8 % #
; : !	& (!	& ; "
* ! % ! !-		
		2 &