✎PROB 14C
(Rev. 2/01)

UNITED STATES DISTRICT COURT
FEDERAL PROBATION SYSTEM

REQUEST FOR MEDICAL HISTORY DATA

DATE _____

Dear Sir:

The person identified below is under investigation by this office. The information requested is needed to complete this investigation. Your cooperation will be greatly appreciated.

Please return this form within three days in the enclosed envelope. No postage is necessary.

_____
SIGNATURE OF PROBATION OFFICER

ADDRESS OF PROBATION OFFICE	TELEPHONE NO. FAX NO.

NAME OF PERSON BEING INVESTIGATED, *(Last - First - Middle)*

ADDRESS OF PERSON BEING INVESTIGATED

DATE OF BIRTH	PLACE OF BIRTH	SEX	RACE

MILITARY SERVICE NUMBER	BRANCH OF SERVICE	RANK OR GRADE AT SEPARATION	DATE OF SEPARATION

	SOCIAL SECURITY NUMBER	VETERANS CLAIM NUMBER
		C-

INFORMATION DESIRED

DOES THIS PERSON HAVE ANY HISTORY OF:

(Check applicable boxes if "Yes")

- ☐ NARCOTIC ADDICTION
- ☐ ALCOHOLISM
- ☐ HEART AILMENT
- ☐ TUBERCULOSIS
- ☐ EPILEPSY
- ☐ VENEREAL DISEASE
- ☐ DISABLING CONDITION
- ☐ PREGNANCY
- ☐ SURGERY
- ☐ MENTAL OR NERVOUS DISORDERS
- ☐ OTHER (Specify)

SIGNATURE OF OFFICIAL	TITLE	DATE

IF ADDITIONAL SPACE IS REQUIRED, USE REVERSE SIDE

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