



**Most Worshipful Prince Hall Grand Lodge F. & A.M.
State of South Carolina**



APPLICATION FOR REINSTATEMENT

I _____ Age: _____ Years: _____ Months: _____

do hereby make application to be reinstated in (Lodge name and number) _____

Located in _____ South Carolina, and have been unfinancial for _____ years.

Address: _____ State: _____ Zip: _____

Donee Name: _____ Home Phone: _____

Cell Phone: _____ E-Mail: _____

Name of Applicant

Date

Physicians Statement

This is to certify the I have examined _____ and found the following conditions:

His apparent age is _____ Years. Height _____ Ft. _____ Inches: Weight _____ Lbs.

Any sign of high blood pressure? Yes () – No () Reading: Systolic? _____ Diastolic? _____

Any heart problems? Yes () - No () Explain?

Any symptoms of tuberculosis? Yes () - No () Syphilis? Yes () - No ()

Any Albumin in urine? Yes () - No () Diabetes? Yes () - No ()

I recommend the Applicant as a Good ____ Fair ____ Average ____ Poor ____ Risk.

Physician's Signature: _____ Address: _____

State: _____ Zip: _____

Practicing under the Medical Board of:

Date: _____, 20 ____.

NOTE: This form must be sent to the Grand Secretary for Approval