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Habituation Statement

I certify to the best of my knowledge that I am free from any health impairment that may be of potential risk to the patient or may interfere with the performance of my duties, including habituation or addiction to depressants, stimulants, narcotics, alcohol or other drugs or substances that may alter my behavior. I also certify that to the best of my knowledge, I do not pose any risk to myself or others and that the above information is accurate.

Signature : _____

Date: _____

Name : _____