

**STATEMENT**

I have examined (Full Name) :

Date of Birth:

TODAY, IN PERSON AND I HAVE FOUND THAT MAGNETS WERE MAGNETICALLY ATTRACTED TO AND STUCK TO THE FOLLOWING AREAS OF HIS/HER BODY:

Areas of Body:

I ALSO TESTED METALLIC OBJECTS AND FOUND THAT THE FOLLOWING METALLIC ITEMS WERE ATTRACTED TO AND STUCK TO THE FOLLOWING AREAS OF HIS/HER BODY:

Metallic Item:

Areas of Body:

HE/SHE RECEIVED THE FOLLOWING COVID-19 VACCINATIONS:

Vaccination brand:

Date:

Vaccination brand:

Date:

Name:

Position:

Date:

Signed:

