

MEDICAL CONDITION ADKNOWLEDGEMENT FORM AND DISCLAIMER FOR HCG THERAPY AND PROTOCOL

I hereby understand and acknowledge that there are certain and specific disorders and/or medical conditions that prevent me from utilizing HCG therapy. These medical conditions could create severe medical adverse reactions and/or severe medical conditions.

I further understand and confirm that I have none of the diseases and/or conditions listed below, which could lead to and/or cause a severe medical reaction or medical condition.

- 1. Pregnancy**
- 2. Auto Immune Disorders**
- 3. HIV**
- 4. Lupus**
- 5. Hashimoto Graves Disease**
- 6. Uncontrolled Diabetes (A1C in excess of 7.0)**
- 7. Coumadin Therapy**
- 8. Any Cancer, active or inactive**
- 9. Rheumatoid Arthritis**

I hereby acknowledge that I have read and understand the statements contained above and that these statements DO NOT apply to my current medical condition.

Signature

Print Name

Date