

PHYSICIAN APPROVAL OF POLYGRAPH EXAMINATION

Patient name: _____

Physician name: _____

Physician phone: _____

I am the primary physician for above-named patient who is being treated for the following condition: _____.

It is my understanding that this patient wishes to undergo a polygraph examination, which is not physically invasive but can cause increased stress levels in the patient before, during, and after the polygraph procedure. It is my opinion that it is medically safe for the above-named patient (and/or the patient's unborn child in the case of pregnancy) to undergo a polygraph examination.

Signature of treating physician

Date