

**FORM NST 3**

**CONNECTICUT BAR EXAMINING COMMITTEE**  
**PROFESSIONAL DECLARATION**

(Information on this form must be typed)

THIS FORM MUST BE COMPLETED. DO NOT MERELY REFER TO ATTACHED DOCUMENTS. IN ADDITION TO COMPLETING THIS FORM YOU MAY ATTACH ADDITIONAL DOCUMENTATION AS APPROPRIATE.

1) Patient's name:

2) The above-named person has been under my care between and for: (fully describe illness or condition)


3) I last examined the patient on

4) Date of onset of illness or condition:

5) The patient's illness or condition is  permanent  temporary.

If temporary, when will the disability terminate?

6) Tests administered and dates administered:

Test administered	Date administered

Attach an additional page if needed.

7) Objective results of tests (attach a separate sheet with specific test results and/or scores):


8) Treatment consists of:


9) As a result of my examination and treatment of the patient, I have made the following findings and conclusions:

10) Subjective complaints:


11) Objective findings:


12) Nature and extent of impairment:


13) Does the impairment impact a major life function?  Yes  No

If yes, what is that major life function?


14) Does the impairment substantially limit the candidate's ability to perform the major life function compared to an average person taking into account remedial self-help mitigation?  Yes  No

If yes, describe the limitation and the means by which it was measured compared to the average person. Also describe any self-help mitigation that might be available to the candidate and whether they have been attempted. Describe the effect, if any, of such self-help mitigation on the impairment.


Attach a separate page if additional space is needed.

15) Effect, if any, of the impairment on the candidate's ability to read and/or write and/or concentrate for prolonged periods of time:


14) Prognosis:


I declare under penalty of perjury that the above information is true and correct to the best of my knowledge.

Executed on \_\_\_\_\_ at \_\_\_\_\_

by \_\_\_\_\_  
(signature) (state license number)

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_