



MS LOOKS LIKE ME

Children of MS Warriors Scholarship

Physician Verification Form

This form verifies only the Multiple Sclerosis diagnosis information needed to determine scholarship eligibility. Please do not provide medical records, treatment notes, medication lists, test results, or other clinical information.

APPLICANT INFORMATION

Applicant First Name

Middle Initial

Applicant Last Name

PARENT / LEGAL GUARDIAN - PATIENT

Patient First Name

Patient Last Name

DIAGNOSIS VERIFICATION - COMPLETED BY PHYSICIAN

I verify that the parent/legal guardian named above has been diagnosed with Multiple Sclerosis.

Date of MS Diagnosis (MM/DD/YYYY)

Type of Multiple Sclerosis

☐

Relapsing-Remitting (RRMS)

☐

Primary Progressive (PPMS)

☐

Secondary Progressive (SPMS)

☐

Progressive / Other

If Other, specify

PHYSICIAN / PROVIDER INFORMATION

Physician / Provider Name

Medical Specialty

Practice / Hospital Name

Office Phone

Office Email



PHYSICIAN VERIFICATION FORM - CONTINUED

PRACTICE CONTACT INFORMATION

Office Mailing Address

City

State

ZIP Code

PHYSICIAN CERTIFICATION

I certify that the information provided on this form is accurate to the best of my knowledge and is limited to verification of the Multiple Sclerosis diagnosis for scholarship eligibility.

Physician / Provider Signature

Date

Office Stamp (optional)

PRIVACY NOTICE

MS Looks Like Me requests only the minimum diagnosis verification needed to determine scholarship eligibility. Do not submit medical records, treatment notes, medication information, imaging, laboratory results, disability details, or other clinical information. Information received will be used for scholarship administration and handled as confidential application material.