

PISSPORT



Full name: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Date of Birth: _____

Visual inspection of genitals has confirmed the presence of the following:

- ☐ Penis
- ☐ External testes
- ☐ Vulva
- ☐ Clitoris

Laboratory testing has confirmed the following chromosomes and disorders associated with differences in sex development:

- ☐ XX
- ☐ XY
- ☐ 45, X (Turner Syndrome)
- ☐ 45, X/46,XX (Turner Syndrome w/ mosaicism)
- ☐ 47, XXY (Klinefelter Syndrome)
- ☐ 48, XXXY (Klinefelter Syndrome - variant)
- ☐ 45, X/46, XY (Mixed Gonadal Dysgenesis)
- ☐ 46, XX (translocation of SRY gene onto X chromosome)
- ☐ 46, XY (Swyer Syndrome) mutation in SRY gene
- ☐ 46, XX/46,XY Chimerism
- ☐ Congenital Adrenal Hyperplasia
- ☐ Androgen Insensitivity Syndrome
- ☐ 5a-Reductase Deficiency
- ☐ 17B-Hydroxysteroid Dehydrogenase Deficiency
- ☐ P450 Oxidoreductase Deficiency
- ☐ Persistent Müllerian Duct Syndrome
- ☐ Müllerian Aplasia (Mayer-Rokitansky-Küster-Hauser Syndrome)
- ☐ Denys-Drash Syndrome
- ☐ Frasier Syndrome
- ☐ Campomelic Dysplasia or other SOX9-related disorder
- ☐ Lipoid Congenital Adrenal Hyperplasia (StAR Mutation)
- ☐ Smith-Lemli-Opitz Syndrome (7-Dehydrocholesterol Reductase Def.)
- ☐ Disorder associated with NR5A1(SF1) Mutation
- ☐ WNT4 Deficiency
- Other: _____

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Imaging studies have confirmed the presence of the following:

- ☐ Uterus
- ☐ Ovaries
- ☐ Vagina
- ☐ Fallopian Tubes
- ☐ Prostate

Laboratory testing has confirmed the following hormone levels:

Testosterone (Total) _____
Testosterone (Free) _____
Estradiol (E2) _____
Progesterone _____
Luteinizing Hormone (LH) _____
Follicle-Stimulating Hormone _____
Prolactin _____
DHEA-S _____
Androstenedione _____
Cortisol _____
Sex-Hormone-Binding Globulin _____
Anti-Müllerian Hormone _____
17-Hydroxyprogesterone _____

Under penalty of law and in solemn obedience to the State, I, the undersigned, do hereby bear witness to the immutable truth of creation. By the wisdom of science as decreed and the will of the President as ordained by the people of the United States of America, I certify, without doubt or deviation, that the biological sex of this individual is _____.

Let this record stand inviolate, for deviation is disorder, and disorder is treason. By my hand and my oath, I submit to the righteous order of nature and law.

Signed this __ day of ____, 20, in steadfast service to the State.

Physician's Full Name: _____
Physician's Signature: _____