**JOURNAL OF MODERN REHABILITATION**  
*(Official Publication of Tehran University of Medical Sciences)*

**AUTHOR CONCURRENCE FORM**

**Manuscript Title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Manuscript ID (if available):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

We, the undersigned authors, hereby certify and agree to the following statements regarding our submitted manuscript:

1. **Originality & Integrity:**  
   ☐ This work represents original research without fabrication, falsification, or plagiarism.  
   ☐ All data presented are authentic and accurately reflect the research conducted.
2. **Publication Status:**  
   ☐ This manuscript has not been previously published in whole or in part.  
   ☐ The manuscript is not currently under consideration by any other journal.  
   ☐ All authors approve this submission and its content.
3. **Authorship Criteria:**  
   ☐ All listed authors meet the ICMJE authorship criteria.  
   ☐ No individuals meeting authorship criteria have been omitted.
4. **Journal Policy Compliance:**  
   ☐ The manuscript complies with the *Journal of Modern Rehabilitation*'s:
   * Authors' guidelines
   * Ethical policies
   * Formatting requirements
5. **Copyright & Future Publication:**  
   ☐ If accepted, the manuscript will not be republished in any form (including translations) without written permission from Tehran University of Medical Sciences.
6. **Conflict of Interest:**  
   ☐ All potential conflicts of interest have been disclosed in the manuscript.  
   ☐ No undisclosed competing interests exist.

**Author Signatures:**

| **#** | **Author Name (Print)** | **Signature** | **Date** | **Contact Email** |
| --- | --- | --- | --- | --- |
| 1 | ………………..……… | ………………………. | ………………… | ………………………………. |
| 2 | ………………..……… | ………………………. | ………………… | ………………………………. |
| 3 | ………………..……… | ………………………. | ………………… | ………………………………. |
| 4 | ………………..……… | ………………………. | ………………… | ………………………………. |
| 5 | ………………..……… | ………………………. | ………………… | ………………………………. |
| 6 | ………………..……… | ………………………. | ………………… | ………………………………. |
| 7 | ………………..……… | ………………………. | ………………… | ………………………………. |
| 8 | ………………..……… | ………………………. | ………………… | ………………………………. |

**Corresponding Author:**  
Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Submission Instructions:**

1. Complete all sections legibly
2. Obtain all required signatures
3. Scan the signed document
4. Submit with manuscript files through the journal portal

*Note: Electronic signatures are acceptable if verifiable through institutional email.*