

MEDICAL CERTIFICATION

FOR A PERSON THAT DOES NOT REQUIRE SKILLED NURSING SERVICES

FOR A PERSON **WHO IS CAPABLE** OF SELF-EVACUATION TO AN EXIT AND PUBLIC WAY OUTSIDE OF THE BUILDING, BEING MOBILE UNDER HIS OR HER OWN POWER WITH OR WITHOUT ASSISTIVE SERVICES WITHOUT THE PHYSICAL ASSISTANCE OF STAFF OR OTHERS

THIS MEDICAL CERTIFICATION IS TO CERTIFY THAT:

RESIDENT NAME

WAS EXAMINED BY ME AND FOUND TO BE **FREE FROM OF EVIDENCE OF COMMUNICABLE DISEASES AND NOT IN NEED OF NURSING CARE.**

THIS PERSON IS CAPABLE OF SELF-EVACUATION TO AN EXIT AND PUBLIC WAY OUTSIDE OF THE BUILDING, BEING MOBILE UNDER HIS OR HER OWN POWER WITH OR WITHOUT ASSISTIVE DEVICES, **WITHOUT** PHYSICAL ASSISTANCE FROM STAFF OR OTHERS.

THIS PERSON DOES NOT REQUIRE SERVICES THAT EXCEEDS THE LEVEL OF CARE PROVIDED BY THE STATE REGULATED SUPERVISED RESIDENTIAL HOUSING FACILITY.

Physician's or authorized signature*
License or DEA #

Date

DCA Revised 5/16/11

*Signature must include at least the first initial and full surname and title (for example MD or RN of a person, not a group or hospital, legibly written with his or her own hand. LICENSE NUMBER ISSUED BY THE STATE OF NEW JERSEY MUST BE INCLUDED.

INITIAL CERTIFICATION MUST BE COMPLETED PRIOR TO ADMISSION, SUBSEQUENT CERTIFICATION YEARLY

A PERSON MUST BE LEGALLY AUTHORIZED TO ISSUE THIS CERTIFICATION, LICENSED BY THE STATE OF NEW JERSEY AS A PHYSICIAN OR AS A LICENSED NURSE PRACTITIONER OR AS A LICENSED CLINICAL NURSE SPECIALIST OR A LICENSED PHYSICIAN ASSISTANT.