



PHYSICIAN'S MEDICAL CERTIFICATION FOR ASSISTED LIVING

This is to certify that I have examined _____
and found him/her to be:

Please check ALL that apply

- Resident is appropriate for this level of care/Assisted Living (Comprehensive Personal Care Home).
- Free of communicable disease.
- Not in need of specialized Long Term Care.
- Capable of managing self-administration and storage of his/her own medications. This is subject to re-evaluation in subsequent examinations.
- NOT capable of managing self-administration and storage of his/her own medications. This is subject to re-evaluation in subsequent examinations.

Physician's Signature

Date