



North Sound Behavioral Health Organization, LLC

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All receiving hospitals require medical clearance to be determined prior to acceptance to their facility. In order to expedite these transfers, medical clearance, prior to dispatch must be established. Volunteers of America (VOA) will now request an attestation be completed.

Individual's Name: _____ DOB: _____

Provider One/Individual ID #: _____

1. Lab Work has been done. Yes No
2. Physician has determined the individual is medically cleared with no labs needed because (provide explanation below:

Printed Name of Physician: _____

Signature of Physician: _____

Date: _____ Time of Day (military time): _____

This must be faxed to VOA at (425) 259-3073.

The Designated Crisis Responder (DCR) **will be dispatched** by VOA and in contact with you **after receipt of attestation.**

Original Draft Date: 1/3/19

Revised Date: 1/8/19