



North Sound Behavioral Health Organization, LLC

301 Valley Mall Way, Suite 110, Mount Vernon, WA 98273
<http://northsoundbho.org> • 360.416.7013 • 800.684.3555 • F 360.416.7017

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: 1/7/19