

Physician Certification

I, *(physician name)* _____, the undersigned physician, have examined and evaluated *(patient name)* _____.

Check box A or B as Applicable

- A. Patient's Condition is Not Stabilized

Based on my examination, the information available to me at this time, and my assessment of the reasonable risks and benefits to the patient, I have concluded for the reasons that follow that, as of the time of transfer, the benefits reasonably expected from the provision of continued medical and/or psychiatric treatment at another facility outweigh the increased risks, if any, to the patient and, if pregnant, to the patient's unborn child, from effecting the transfer.

- B. Patient's Condition is Stabilized

I believe, within reasonable medical probability, that the transfer will not result in a material deterioration in, or jeopardy to, the medical or psychiatric condition or expected chances for recovery of the patient or, if pregnant, of the patient's unborn child.

Reasons for transfer, including summary of risks and benefits: _____

Updated status of patient's condition: _____

Date: _____ Time: _____ AM / PM

Signature: _____
(physician)

Print name: _____
(physician)

(over)

NOTE: If the physician is not physically present in the emergency department (or in labor and delivery, if applicable) at the time the patient is transferred, a qualified medical person (QMP) may sign the certification after a physician, in consultation with the qualified medical person, has made the necessary determination. The physician must countersign the certification later.

Date: _____ Time: _____ AM / PM

Signature: _____
(qualified medical professional)

Print name: _____
(qualified medical professional)

Date: _____ Time: _____ AM / PM

Counter signature if above signed by a QMP: _____
(physician)

Print name: _____
(physician)

COPY MUST BE SENT WITH PATIENT.

Reference: 42 U.S.C. Section 1395dd(c)(1)(A)(ii)
Health and Safety Code Section 1317.2(b)