



**MAIN OFFICE**  
 700 W. Main Street, Alhambra, CA 91801  
 Tel: 626-262-4510 TDD: 626-943-3898  
 www.lacda.org



Tenant ID \_\_\_\_\_

**MEDICAL CERTIFICATION FORM FOR TRANSFER REQUEST**

**PART I. RESIDENT INFORMATION**

Last Name	First Name	Date of Birth
Address		
City	State	Zip Code
Daytime Telephone Number ( )		

I, \_\_\_\_\_, authorize \_\_\_\_\_  
*(Resident's Name)* *(Health Care Provider)*  
 to release all relevant physical and mental health information related to my medical status to the Los Angeles County Development Authority (LACDA) for the purpose of transferring to a different unit. I declare under penalty of perjury under the laws of the State of California that the foregoing information is true and correct. (California Penal Code Section 118.)  
 Signature  X  Date \_\_\_\_\_

**PART II. THIS SECTION TO BE COMPLETED BY A HEALTH CARE PROVIDER**

**NATURE AND DURATION OF MEDICAL CONDITION(S)**

1. (a) Based on your examination of the resident, does the resident have a medical condition(s) that is impacted by his or her current residence?  
 Yes  No
- (b) Has the resident's medical condition(s) lasted 12 months or longer?  
 Yes  No
- (c) Do you expect the resident's medical condition(s) to last 12 months or longer?  
 Yes  No

**CONNECTION BETWEEN MEDICAL CONDITION(S) AND REQUEST FOR TRANSFER TO A DIFFERENT UNIT**

2. How will transferring this resident to another unit eliminate or mitigate this medical condition(s)?

**PART III. HEALTH CARE PROVIDER'S INFORMATION**

I declare under penalty of perjury under the laws of the State of California that the foregoing information is true and correct. (California Penal Code Section 118.)

Health Care Provider's Signature <u> X </u>	Date of Exam
Health Care Provider's Name (Print)	
Title	
License or Certificate Number / Issuing State	
Address	
City	State
Zip Code	Telephone Number ( )

**Place Health Care Provider's Office Stamp In This Space or Attach Office Letterhead**

**LACDA Completes This Section**

Reviewed By	Date
Field Office	App. Date