June 2, 2020

We have been notified that [NAME], [DOB], is pending discharge from your hospital.

JCCA is requesting the following information prior to discharge from the hospital. This form should be filled out by a medical provider.

DATE OF ADMISSION

DATE OF DISCHARGE

During the last 72 hours,

* Has the patient been febrile:  YES  NO
* Has the patient had a cough:  YES  NO
* Has the patient been short of breath:  YES  NO
* Does the patient have diarrhea or vomiting:  YES  NO

I hereby certify that the patient is medically cleared to return to a residential facility:

MD OR DO (PRINT NAME)

SIGNATURE

Thank you,

Karen Jill Browner-Elhanan, MD

*Chief Administrative Medical Officer*

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