

STATE OF NEW JERSEY  
DEPARTMENT OF VETERANS AFFAIRS  
VETERANS TRANSITIONAL HOUSING PROGRAM  
VETERANS HAVEN SOUTH

Appendix C

MEDICAL CERTIFICATION  
FOR  
SUPERVISED RESIDENTIAL HOUSING

THIS MEDICAL CERTIFICATION IS TO CERTIFY THAT:

---

RESIDENT NAME

WAS EXAMINED BY ME AND FOUND TO BE FREE FROM EVIDENCE OF COMMUNICABLE DISEASES  
AND

THIS PERSON CAN LIVE INDEPENDENTLY AND IS NOT IN NEED OF ASSISTANT LIVING OR  
NURSING CARE AND

THIS PERSON IS CAPABLE OF SELF-EVACUATION TO AN EXIT AND PUBLIC WAY OUTSIDE OF THE  
BUILDING, BEING MOBILE UNDER HIS OR HER OWN POWER WITH OR WITHOUT ASSISTANCE  
DEVICES, WITHOUT THE PHYSICAL ASSISTANCE OF STAFF OR OTHERS AND

THIS PERSON IS CAPABLE OF SELF-ADMINISTERING MEDICATIONS WITHOUT SUPERVISION.

---

Physician's or authorized Signature  
License of DEA #:

---

Date

Signature must include at least the first initial and full surname and title of a person, not a group or hospital, legibly written with his or her own hand.

INITIAL CERTIFICATION MUST BE COMPLETED PRIOR TO FINAL ADMISSION APPROVAL. SUBSEQUENT CERTIFICATIONS REQUIRED ANNUALLY. A PERSON MUST BE LEGALLY AUTHORIZED TO ISSUE THIS CERTIFICATION, LICENSED BY THE STATE OF NJ OR PA AS A PHYSICIAN OR AS A LICENSED ADVANCED NURSE PRACTITIONER OR AS A LICENSED CLINICAL NURSE SPECIALIST OR A LICENSED PHYSICIAN ASSISTANT.