

_____, Plant Manager

(name of facility)

(facility address)

_____ LA _____

RE: Certification of Medical Facility Ability to Accept Patients

Dear _____:
(name of plant manager)

This is to certify that _____ has the capability to
(name of medical facility)

accept and treat patients from the _____ facility in
(name of facility)

_____, Louisiana.
(city)

(check one)

_____ Medical facility can accept patients contaminated with hazardous materials – we have decontamination facilities available.

_____ Medical facility can accept patients contaminated with hazardous materials only after decontamination by hazardous materials responders prior to arrival.

Sincerely,

(signature)

(print name of facility representative)

(title)

Dated: _____, 20____