\_\_\_\_\_\_\_\_\_\_\_\_\_, Plant Manager

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ LLC

Post Office Box \_\_\_\_

\_\_\_\_, Louisiana 7\_\_\_\_

RE: Certification of Ability to Accept Patients

Dear Mr. \_\_\_\_\_\_\_\_\_:

This is to certify that the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hospital has the capability to accept and treat patients from the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ facility in \_\_\_\_\_\_\_\_\_\_\_\_\_\_, Louisiana.

(check one)

\_\_\_\_\_We can accept patients contaminated with hazardous materials – we have decontamination facilities available.

\_\_\_\_\_We can accept patients contaminated with hazardous materials only after decontamination by hazardous materials responders prior to arrival.

Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (title)

Dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_