Coos County Community Development
Mailing Address: 250 N. Baxter, Coquille, Oregon
60 E. Second St., Coquille OR 97423
Building, Planning and Enforcement
Phone: 541-396-7770
Fax: 541-266-1146
www.co.coos.or.us TDD (800) 735-2900

Physician's Certificate

This form must be completed and signed by a qualified physician and submitted with your application for a Temporary Medical Hardship Dwelling.

By completing this form, the physician, therapist or professional counselor asserts their patient needs frequent care in such a manner that the caretaker must reside on the same premises.

To Be Completed by Physician

This is to certify that the person listed below is my patient:

_____
(Please Print or Type name of patient)

It is my medical opinion that this person has a medical or physical hardship that requires care and attention as described above, and the named patient should be permitted to reside near a caretake in order to facilitate proper care.

Office Name: _____

Physician's Signature: _____ Date: _____

Physician's Name: _____ ID/License #: _____
(Please Print or Type)

Address: _____ Phone #: _____