County of San Bernardino
Department of Behavioral Health

ALCOHOL AND DRUG SERVICES

Outpatient Drug Free

Drug Medi-Cal Admission
Physical Examination Waiver

Provider Name: _____

Client Name: _____

Client Identification # _____

Based on my review of the client's medical history, substance abuse history, and/or most recent physical examination documentation, I am waiving the admission physical examination.

_____
Physician's Name (printed)

_____ _____
Physician's Signature Date Signed