

Physician's Certification

Health Fund for Frederick County Youth Grant

Dear Physician:

A grant application is being submitted by a Frederick County organization to The Community Foundation of Frederick County ("Community Foundation") on behalf of a Frederick County Youth with extraordinary medical needs. This Youth has identified you as their current medical practitioner. In order for the Youth to be considered for a grant award we require the named medical practitioner to complete this form.

We understand that you must adhere to federal and state privacy regulations and may require a separate consent to be obtained from the parent and/or legal guardian of named youth before completing this form.

Instructions: This page to be completed and signed by the Youth's current medical practitioner and is required to be submitted along with the completed Health Fund for Frederick County Youth Grant application.

Name of Youth:

Date of Birth:

Name of Physician:

Name of Practice:

Address of Practice:

Phone number:

Contact person:

Email for contact person:

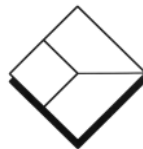
Is this a current patient of yours?

Primary Diagnosis:

Your assessment of this applicant's extraordinary and/or life threatening medical need(s):

Physician's Signature

Date



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