## POLICY TITLE: Sample Physician Certification Letter ABERDEEN SCHOOL DISTRICT #58

## (Attending Physician's Official Letterhead) Date

Name Address Address

RE: Certification of Clinical Treatment for Gender Transition

To Whom It My Concern:

*I*, \_\_\_\_\_\_ (physician's full name), \_\_\_\_\_\_ (physician's medical license or certificate number), \_\_\_\_\_\_ (issuing State of medical license/certificate), am the attending physician of \_\_\_\_\_\_ (name of patient), with whom I have a doctor/patient relationship.

\_\_\_\_\_ (name of patient) has had appropriate clinical treatment for gender transition to the new gender \_\_\_\_\_ (specify new gender male or female).

I declare under penalty of perjury under the laws of the United States that the forgoing is true and correct.

Sincerely,

Signature of Physician Typed Name of Physician

Enclosures

STATE OF IDAHO ) ) ss. County of \_\_\_\_\_ )

On this \_\_\_\_\_day of \_\_\_\_\_\_, 20\_\_\_\_, before me, the undersigned, a Notary Public in and for said State, personally appeared \_\_\_\_\_\_\_, known or identified to me to be the person whose name is subscribed to the within instrument, and acknowledged to me that she/he executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year in this certificate first above written.

Notary Public for Idaho Residing at \_\_\_\_\_\_, Idaho Commission expires: \_\_\_\_\_\_