Date: [Date]

To: [Receiving Facility/Department Name]

From: [Ordering Physician/Medical Director Name], [License Number]

Subject: Limited Standing Medical Clearance for Triage Nurse Protocol

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Patient Name: [Patient Name]

Date of Birth: [DOB]

Medical Record Number: [MRN]

This letter serves as a limited standing medical clearance for the above-named patient, as assessed by the Triage Nurse under the established protocols of [Facility Name].

Triage Assessment Summary:

- Vital Signs: [Stable/Within Normal Limits]
- Mental Status: [Alert and Oriented x 3]
- Chief Complaint: [Brief Description]
- Exclusionary Symptoms: None identified (No acute chest pain, respiratory distress, or focal neurological deficits).

Clearance Status:

The patient is medically cleared for [Insert Specific Purpose, e.g., Transfer to Psychiatric Evaluation / Admission to Detoxification Unit / Medical Stable Waiting Area].

Limitations:

This clearance is limited to the stabilization of immediate life-threatening conditions. It does not replace a comprehensive physical examination or definitive diagnostic workup by a licensed provider. If the patient's clinical status changes or vital signs deteriorate, this clearance is void and requires immediate re-evaluation.

Triage Nurse Signature: _____ **Date:** [Time/Date]

Print Name/Credentials: [Nurse Name, RN]

Supervising Physician (Standing Order): [Physician Name]