



PennState Health
Milton S. Hershey
Medical Center



Date: _____

To Whom It May Concern:

This letter is to inform Life Lion Critical Care Services that the following _____ has requested to observe the operations of Life Lion. This individual is currently active with _____ in the capacity of _____. This individual is current with all the requirements needed in order to maintain active status within his/her company or to maintain employment. This form has been filled out to the best of my knowledge with regards to this individual.

(Signature of Supervisor/Chief)

(____) _____
(Contact Phone Number)