

PSYCHIATRIC CLEARANCE FORM

I, _____, understand that the Revelation of Freedom Ministries **is not** a dual
(Print Name)
diagnosis facility, and I understand that persons who are taking psychiatric medications to treat any psychiatric condition are not eligible for admittance into ROFM training center. I affirm that I am not currently under psychiatric treatment of any kind, and I affirm that I have not been under psychiatric treatment for the past 12 months. I affirm that to my knowledge, I am in need of no form of psychiatric medication, and that I have not been prescribed any form of psychiatric medication within the past 12 months. I understand that I may be immediately terminated from the ROFM's program if any of the above affirmations are untrue.

Resident Printed Name: _____ Date: _____

Resident Signature: _____ Date: _____

Witness Printed Name: _____ Date: _____

Witness Signature: _____ Date: _____