



Tobacco - Free Certificate

Print Name

I certify that I have not smoked or used tobacco for the last year 12 months.

OR

I certify that I have quit smoking and have been tobacco free for the last 12 months.
I have attached a Smoking Cessation Class Certificate.

Quit smoking classes are available at Salinas Valley Memorial Hospital and Community Hospital of Monterey Peninsula. MCSIG members receive a 50% tuition discount and are also eligible to receive reimbursement for nicotine replacement aids (patch and gum). Contact MCSIG (755-0161) for more information.

I declare under perjury that the foregoing is true and correct.

Signature _____

Date: _____