



Tobacco - Free

PLEDGE

Print Name

- I certify that I have not smoked or used tobacco for at least the last 5 years.

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 penalty of perjury that the foregoing is true and correct.

Signature _____

Date: _____