



**EMTALA**  
**CERTIFICATION OF FALSE LABOR**  
*(SEND COPY WITH PATIENT)*

I hereby acknowledge that \_\_\_\_\_ (patient) has been examined and monitored in the Emergency Department for a reasonable period of time of observation and certify that this patient is in false labor.

\_\_\_\_\_  
Physician/Qualified Medical Person Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

\_\_\_\_\_  
Physician Counter Signature, if applicable

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time