

**RECORD CERTIFICATION**

This document is intended to meet the requirements set forth in Michigan Rules of Evidence 803(6) and 902(11) addressing certified records of regularly conducted activity, medical records containing “conditions, opinions, or diagnoses.”

I swear or affirm that each of the following is true regarding the attached records, to the best of knowledge and belief.

I, \_\_\_\_\_, am the Custodian of Records for, or I am an employee familiar with the manner and process in which these records are created and maintained by virtue

of my duties and responsibilities of employment with \_\_\_\_\_. I hereby certify that the attached records meet the following criteria:

1. The records were released upon a signed medical waiver by the patient.
2. The records requested were made at or near the time of the occurrence of the matter set forth by or from information transmitted by a person with knowledge of those matters;
3. By my signature below I am attesting that the records requested are certified business records that were recorded, kept or filed in accordance with and as authorized by law;
4. The records requested are kept in the course of the regularly conducted business activity;
5. That the business providing the requested records, in fact is a professional business registered with and licensed to business in the State of Michigan in conjunction with the nature by which the records are produced.
6. It was the regular practice of the business activity/in its professional capacity to make the record as authorized by law; and
7. The requested documents are sealed with my signature with the intent of certifying the requested documents as authentic, trustworthy and represent accurate information, to which my attestation of those documents are from \_\_\_\_\_.

Dated: \_\_\_\_\_

Signature: \_\_\_\_\_

Print name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_