



Sar-El
The National Project
for Volunteers for Israel

Page 3 - Volunteer Name: _____

PHYSICIAN MEDICAL APPROVAL:

I hereby certify that (name of volunteer)_____ is physically and mentally able to handle manual labor, the ability to live in and work in a potentially hot and humid working environment, and, if traveling from abroad, is fit for travel to Israel. The patient has been examined and has no pre-existing conditions that will prevent him or her from working or traveling.

Physician Name: _____

Physician Signature: _____

Medical License Number: _____

State and Country of Issue: _____

Please provide Seal/Stamp of Physician below: