



Page 3 – Volunteer First and Last Name: _____

PHYSICIAN MEDICAL APPROVAL:

I hereby certify that (name of the volunteer) is physically and mentally able to handle manual labor, the ability to live in and work in a potential 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: _____

Date: ____/____/____

Physician Signature: _____

Medical license number: _____

State and country of issue: _____

Please provide Seal/Stamp of Physician below: