

DOCTOR'S MEDICAL STATEMENT

Statement to Doctor: Every year a team travel to the Ukraine to minister to orphans. With the increase of health-related infections and diseases throughout the state, country, and world, it is vital that we ensure that none of our team members carry any contagious diseases or infections to these orphans. Some of these children have HIV/AIDS, an already weakened immune system. *Thank you for taking the time to fill-out this form.*

Date: _____

I have tested: _____ for: HIV/AIDS, Hepatitis, Tuberculosis & Contagious Disease or Infections and have found him/her to be **FREE** of any harmful contagious infections or diseases.

NAME: (Print) _____

SIGNATURE: _____
(Doctor's signature)

STATE OF _____

Date: _____

I have tested: _____ for: HIV/AIDS, Hepatitis, Tuberculosis & Contagious Disease or Infections and have found him/her to be **CONTAGIOUS and a possible threat to the safety of the children.**

NAME: (Print) _____

SIGNATURE: _____
(Doctor's signature)

STATE OF _____