



Orphanage Support

OSSO

Services Organization

501(c)(3) nonprofit organization
P.O. Box 435, Rexburg, ID 83440
Phone: (208)359-1767

This form must be signed by a physician.

Name of OSSO Volunteer ("The Participant"): _____

Dates of Travel: _____

Location of Travel ("Location"): _____

I, the undersigned, hereby certify that I have examined the Participant. In the exercise of my best professional judgment, I certify that he/she is in good health and has no existing medical or health condition, physical, mental, or otherwise.

I also certify that he/she is receiving no treatment of any kind of condition that would prevent or impede his/her participation in working with children. I confirm that the Participant has received all necessary routine vaccinations and others (Hepatitis A, Typhoid Fever) for specific travel to Thailand.

Physician Name: _____, MD This form must be completed and signed by a physician.

Address: _____

Physician Signature: _____

Date: _____

Physician Stamp: