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Eye Clinic of Tamale Teaching Hospital



Date: _____

Volunteer's Name: _____

I, the undersigned, a physician duly licensed for the practice of medicine in the state/country of _____, hereby certify that I have examined _____, and in the exercise of my best professional judgment, I certify that he/she enjoys 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 that would prevent or impede his/her participation in the Unite For Sight program in _____, including travel thereto and strenuous extra-curricular activities.

I confirm that _____ has received all necessary vaccinations and malaria prophylaxis for travel to _____, in accordance with The Travelers' Health Report from the National Center of Infections Diseases of the Centers for Disease Control (<http://www.cdc.gov> and <http://www.cdc.gov/travel>) for the country where the Unite For Sight Program is conducted.

Name of Physician: _____, MD

Date: _____

Address: _____

Phone Number: _____

Signature: _____