

Letterhead of Hospital

(Address of Hospital)

Date: (mm/dd/yyyy)

To Whom It May Concern:

This is to verify that (Name of Participant) is in good physical and mental health. He/She is cleared for full participation in the mission trip to Addis Ababa, Ethiopia in (mm/yyyy) with Ethiopia ACT.

Sincerely,

(Signature of Doctor)

(Full Name of Doctor)

Hospital Seal

Notarization