



1990 Lakeside Parkway Suite 140 Tucker, GA 30084 404.327.5770 Fax 404.327.5767 www.hoi.org

Dear Physician,

Your patient identified below plans to accompany a group visiting one or more communities in Central America for at least one week.

Many of the communities visited are in rural areas and include working farms. The visit will involve travel on domestic and international air carriers, as well as buses and possibly other land transportation. Routine communications with some of the communities visited are not possible, and emergency communications are unreliable. Food borne illnesses are common in Central America, and municipal system water is not safe to drink. Medical services, particularly emergency services, consistent with North American standards are *not* available, and the nearest hospitals may be located several hour's drive away. Activities during the visit may include vigorous athletic and other strenuous physical activities in connection with home improvement and other projects.

HOI, a Georgia nonprofit corporation that operates in Central America and will host the group your patient will travel with, requires that each prospective visitor obtain the following statement from his / her physician.

Thank you,

HOI

PHYSICIAN'S STATEMENT

To HOI:

Based on my examination and familiarity with the medical history of _____ and the information set forth above, I am aware of no reason he / she should not travel to Central America or, except as noted below, participate in vigorous physical activities.

Limitation on activities: _____

Medications: _____

Physician's signature: _____

Print name: _____ Date: _____

Team Name: _____ Travel date: _____

Transforming Lives Through Faith and Works