

CONFIDENTIAL - MEDICAL CLEARANCE

Name of volunteer: _____

Volunteer opportunity under consideration: _____

Agency: _____

Agency contact person: _____

I have known _____ for _____ weeks/months/years.

It is my professional opinion, based on the requirements listed for the volunteer position under consideration, that he/she is fit to undertake this role in a responsible manner, with all due consideration to duty of care and a safe and satisfactory performance of the described work activities.

With my patient's permission, I agree to notify the agency if my evaluation of their suitability to perform the described volunteer work should change.

Signed: _____ Date: ____/____/____