

# MEDICAL CERTIFICATE

(Concerning ability of alien to travel)

Place \_\_\_\_\_

Date \_\_\_\_\_

NAME \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

I hereby certify that I have this day examined the above-named person and find that he (or she) is in the condition of mental and/or physical health described hereinafter and that:

1. He (or she) is able to travel from \_\_\_\_\_  
to \_\_\_\_\_ by \_\_\_\_\_

without danger to himself (or herself) and others, providing the following conditions are observed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(If no special conditions, so state)

2. He (or she) IS NOT ABLE TO MAKE THE PROPOSED TRIP at the present time for the following reasons: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

STATEMENT OF CONDITION \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## INSTRUCTIONS

In the event that the Medical Officer recommends against the travel but a person of SOUND MIND wishes to accept the responsibility of travel against such advice, such person may be permitted to travel upon execution of the waiver of liability on reverse hereof.

MEDICAL OFFICER.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Title)

# WAIVER OF LIABILITY

To \_\_\_\_\_ PLACE \_\_\_\_\_

DATE \_\_\_\_\_

SIR:

I have read the medical certificate appearing on the reverse side hereof and/or have had same explained to me in a language which I understand and I fully realize that in the opinion of the responsible Medical Officer it would not be advisable for me to travel from \_\_\_\_\_ to \_\_\_\_\_ at the present time because of my health.

Notwithstanding the opinion of the Medical Officer I respectfully request that I be permitted to perform the travel indicated, ENTIRELY at my own risk. If this request is granted I agree to assume full and exclusive responsibility for this decision and the results thereof. Further, I hereby on the part of myself, my heirs, executors, administrators, successors, and assigns release and forever discharge the United States and all officers thereof from any and all claims that now or hereafter may accrue to me, my heirs, executors, administrators, successors, and assigns an account of or in any manner connected with such travel.

\_\_\_\_\_  
(Signature)

WITNESSES:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Title)