



Serving orphans, widows and the poor

SUNERGOS INTERNATIONAL
24 Roy Street, Suite 191, Seattle, WA 98109
info@sunergosinternational.org
www.sunergosinternational.org

Medical Release Information Required by all travelers to Russia

Sunergos International has been notified that all orphanages and camps are now requiring a medical release certificate for all foreign travelers working inside the orphanages in Russia as well as at camps with orphans. By law, the orphanage directors are now required to ask for these release forms and they have to submit them to the Department of Education. Our staff has asked that people traveling to all regions obtain this. All Sunergos International staff and translators have to obtain these as well in order to work with the children.

Attached is the release form stating the requirements given by the Department of Education which need to be stated on the release.

This must be copied onto an *official letterhead* of your doctor's office with their original signature and date.

Sunergos International recommends having a total of 3 copies of this release on file with you, one for the orphanage director, one for the team leader, and one as an extra copy.

Note: Sunergos International office in USA does not need this release to process visas.
Leaders: Please bring the original forms with you to Russia. Our USA office only needs copies of the forms, which could be scanned and emailed to: info@sunergosinternational.org

Медицинская справка
Для граждан США, намеренных посетить
детские дома в России и участвовать в лагерях

(Medical Release Form For U.S.A. citizens, traveling to
Russian Orphanages/Camp Programs)

Имя участника поездки (Name of Participant)

Адрес/город/штат участника поездки (Address/City/State of participant)

Я, врач указанного выше участника поездки, подтверждаю, что у него/неё не было обнаружены следующие инфекции или заболевание: (As the Medical Doctor for the above trip participant, I certify that this person does not have the following infections or diseases):		
1. Кожные инфекционные заболевания (Contagious skin diseases)	<input type="checkbox"/> Да (Yes)	<input type="checkbox"/> Нет (No)
2. Инфекционные заболевания (не было контакта с носителями) (Infectious diseases and no contact with infections)	<input type="checkbox"/> Да (Yes)	<input type="checkbox"/> Нет (No)
3. Педикулез (Lice)	<input type="checkbox"/> Да (Yes)	<input type="checkbox"/> Нет (No)
4. Сифилис (Syphilis)	<input type="checkbox"/> Да (Yes)	<input type="checkbox"/> Нет (No)
5. ВИЧ (HIV positive)	<input type="checkbox"/> Да (Yes)	<input type="checkbox"/> Нет (No)

И. Ф. Врача (прописью) (Doctor's Name (Print))	Дата (Date)
Подпись врача (Doctor's Signature)	