



PHYSICIAN RELEASE FORM
Form must be signed by physician
before the first day of volunteering.

Confidential

To: Director of Volunteer Services

Volunteer

Address

City, State, ZIP Code

The above named is free from contagious disease, and there is no *mental or physical* contra-
indication to his/her performing volunteer activities at Aultman Hospital.

Remarks:

Physician Signature

Print Physicians Name

Date

Aultman Hospital Volunteer Services

2600 Sixth St. SW
Canton, OH 44710
Phone: 330-363-6368
Fax: 330-580-5537