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May 25, 1965

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Dear Volunteer:

During your service as a civil rights worker the Medical Committee for Human Rights, which serves as the "medical arm" for civil rights organizations, wants to be as helpful as it can in enabling you to maintain your present state of health and to secure any medical care you may need. You will obtain this medical care with the assistance, when possible, of the Medical Committee for Human Rights, from the local facilities where you will be working.

To help us to help you by establishing your basic medical record and to help the organization for which you will be working to assign you most appropriately, we ask that you complete PART I of the enclosed medical form. Then, taking this letter and the form, please visit, as soon as possible, a physician who will complete PART II and PART III of the form and who will then mail it to us. Any costs associated with this visit will be at your own expense. Suggested types of physicians or medical facilities you may wish to visit are: your personal physician, your college health service, your local Medical Committee for Human Rights chapter.

May we remind you that you need to take or have a way to acquire any medications or medical supplies (including eyeglasses) that you need or use regularly or periodically. We urge you to take care of any existent medical and/or dental needs before you leave your home area. In addition to this, it is compulsory to send back the enclosed form after completion, before you will be allowed to travel South.

It is important that you be familiar with the details regarding benefits and claim procedure of any medical or hospital insurance you may have which will be in effect during the time you will be away from home. All costs associated with any medical and/or dental care you receive will be your own financial responsibility.

Our best wishes go with you for a satisfying and productive experience.

Sincerely yours,

Douglass Thompson, M.D.

Chairman, Medical Evaluation Committee

DT:rc
Enclosure