

MEDICAL STATEMENT

Please ask your physician to review and sign this form. You must return it to us at least six weeks prior to your trip departure.

_____ will be participating in an Adventure Life tour that
please print client's name
may involve the activities indicated below as well as other unforeseen conditions associated with travel in the developing world.

I, _____, have examined or am familiar with the above
please print physician's name
named person's physical health and believe him/her to be medically fit for travel of this nature.

Signature of Examining Physician

Date

Street Address (Physician's Office)

City

State

Zip

Phone Number

Check all that apply

- Activities at high altitude
- Overnight for flight connections at high altitude
- Extreme heat and/or humidity
- Exposure to cold, wet, and otherwise adverse weather conditions
- Multi-day trekking, camping, and/or paddling
- Occasional days with extended periods of walking or hiking on uneven terrain (2-8+ hours)
- Frequent limited walking on uneven terrain (30 minutes – 2 hours)
- Multi-day yacht or small ship cruise with frequent transfers in and out of smaller "zodiac boats" and onto land.