



DOCTOR'S RELEASE FORM

Patient's Name: _____
(first) (middle) (last)

Doctor's Name: _____
(first) (middle) (last)

Phone: _____

Address: _____

City: _____ State/Province: _____

Country: _____ Zip/Postal code: _____

[] I have reviewed this patient's medical information and checklist form and medical history and I have performed a physical exam. I find him/her to be in suitable condition for international and local travel, for participation in high-intensity activities, (i.e. hiking several miles) and conditions in a third world country.

Doctor's Signature: _____

Date: ____/____/____
(DD/MM/YYYY)