Physician's Certificate

To the examining physician or nurse practitioner:

This individual plans to participate in an expeditionary research program in a rugged mountain and glacial environment. This person will carry heavy loads from sea level up to altitudes of 7000 ft./2100 meters. The environmental conditions can include temperatures between 20 $^{\circ}$ F/-7 $^{\circ}$ C and 80 $^{\circ}$ F/27 $^{\circ}$ C, heavy rainfall, blizzard snow, limited visibility, and strong winds. This person may at times be confined to small field stations either with many other people or with only 1-2 other individuals. Living and social conditions may subject this person to moderate nervous tension.

I hereby certify that I have exami	nea	on this
date,	, and that he/she/they is/are physically and	emotionally fit for
such an undertaking.		
I would like to bring to your attent	tion the following conditions or concerns:	
→		
Height:	Weight:	
Physician/Nurse Practitioner's Na	me:	
Date:	Signature:	
Email:	Phone:	