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°F/-7°C and 80°F/27°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 examined _____________________________________________ 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 attention the following conditions or concerns:

➔ ________________________________________________________________
➔ ________________________________________________________________
➔ ________________________________________________________________
➔ ________________________________________________________________
➔ ________________________________________________________________
➔ ________________________________________________________________

Height: _________________________  Weight: _________________________

Physician/Nurse Practitioner’s Name: ________________________________

Date: _________________________  Signature: _________________________

Email: _________________________  Phone: _________________________