

*MEDICAL CLEARANCE FORM*

Wilderness Medicine CME Adventure Courses

Date \_\_\_\_\_

\_\_\_\_\_ (print the name of the patient) will be participating in a Wilderness Medicine Seminar that involves very strenuous activities such as hiking/trekking at very high altitudes over the course of several days and weeks in extremely remote and austere wilderness environments which are usually remote from hospitals and medical facilities.

Would you please assist us by signing below indicating that the person named above is medically fit to participate in such a program. Your additional comments or concerns will also be appreciated.

This is to state that \_\_\_\_\_ (name of the patient) is medically capable of very strenuous physical exertion and work for several days and weeks in extremely remote and austere wilderness environments at altitudes up to 19,100+ feet above sea level. These areas are usually remote from hospitals and other medical facilities.

Thank you.

Doctor's signature \_\_\_\_\_

Printed name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_