

Medical Clearance Form

Patient: _____ Physician: _____

Address: _____ Address: _____

Telephone: _____ Telephone: _____

Dear Physician:

Please provide your approval for my travel and participation in the following:

Travel to Spain by a combination of coach bus and commercial flight (coach seating) for a hiking excursion. The excursion will encompass ten (10) consecutive days of hiking over varying terrain, involving elevations of up to 1,400 feet, and with a pack of up to 10% of my body weight. The distance per day averages 15 miles per day with the maximum day being 20 miles, for a total of 125 miles hiked over the 10 days.

Please verify that I am physically capable of completing this excursion by signing this form below.

Thank you.

Patient signature: _____ Date: _____

The patient may fully participate in this excursion with the variables described above and over the time period delineated, with the following restrictions:

☐ - _____

☐ - No restrictions.

Physician Signature: _____ Date: _____

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