



DOCTOR'S RELEASE FORM

* If you checked any of the conditions on the medical checklist, ask your physician to read and complete this form.

Trip participant to complete the following:

Patient's name _____
Address _____
City _____ State _____ Zip _____
Trip Country _____ Trip Dates _____

Physician to review and complete the following:

Servant Life and Clubhouse Guatemala trips typically include travel into the poorest areas of developing countries. Conditions are frequently uncomfortable and physically challenging, including extended periods of walking on rough/unpaved paths, demanding climbs often at high elevation, and long travel times requiring use of modern and primitive, private and public transportation services which may lack accommodations for people with physical limitations. Dietary and climate changes also add to the physical intensity of our trips, and due to the nature of long periods of travel, experiencing lack of sleep is customary. Some areas may be remote and medical care may not be immediately available in the particular area visited. Please be considerate of these factors as you evaluate the participant's readiness for such conditions.

Physician's name _____
Address _____
City _____ State _____ Zip _____

I have prescribed a medical plan for the participant to meet prior to the trip in order to participate in the itinerary during the trip.

I do not recommend the participant to participate at this time.

Comments: _____

Physician's Signature

Date