

Earthwatch Form: Doctor's Signature

A doctor's approval is required for your participation if requested by Earthwatch, if participating on a SCUBA project and for participants over the age of 80. Please note that the medical professional signing this Doctor's Signature form must not be related to the patient in any way, including by marriage.

To the Doctor:

Earthwatch is an international non-profit organization that sends voluntary participants to all parts of the world to assist scientists doing field research. Your patient intends to join the project listed below.

Please review the *Project Conditions*, *Health Information*, and *Emergencies in the Field* sections of the Briefing document, which address the rigour of the project and any medical concerns specific to the project and the region.

Please review the information your patient has provided in the Health Declaration section of the Earthwatch Participation Form.

After discussing the project's physical demands and health risks with your patient, if you feel that your patient is fit and able to fully participate, please fill out the information and sign at the bottom of this page, within the box provided.

(Please write clearly).

Project title:			
Team number:	Start date: (dd-MON-yyyy)	End date: (dd-MON-yyyy)	
Patient Name:	Patient Date of birth: (dd-MON-yyyy)		
How long have you known the patient?	Appointment date: (dd-MON-yyyy)		
Doctor's name:			
Doctor's address:			
Speciality:			
Telephone/Fax:			
Email:			
Comments:			
Office/Surgery stamp: (optional)			

I have reviewed the health risks and physical demands of the Earthwatch project, and believe that my patient is in good health and able to fully participate on this project. I am not related in any way to the patient.

Signature of the doctor: (Digital signatures not accepted)	
Date (dd-MON-yyyy):	