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H. Doctor Approval Form

A doctor’s approval is required for your participation: 1.) if requested by Earthwatch, 2.) if you are participating on a SCUBA project, and/or 3.) for participants over the age of 80.

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*, *Potential Hazards* and *Health & Safety* sections of the Online Expedition Briefing carefully as these address the Essential Eligibility Requirements and any specific health or safety concerns specific to the project and the region. Please also review the information provided by your patient in the *Health Declaration & Self-Assessment* 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 complete the form below. Please note that the medical professional signing this form must not be related to the patient in any way, including by marriage.

Project Title:			
Start Date: (dd-MON-yyyy)		End Date: (dd-MON-yyyy)	
Patient Name:		Date of Birth: (dd-MON-yyyy)	
How long have you known the patient?		Appointment Date: (dd-MON-yyyy)	
Doctor Name:		Specialty:	
Telephone: (incl. country code)		Email:	
Comments: (optional to include)			

DOCTOR APPROVAL

I have reviewed the project conditions and health risks of the Earthwatch project, and believe the patient is in good health and able to fully participate on this project.

Doctor Signature:	Date of Signature: (dd-MON-yyyy)
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