

H. Doctor Approval Form

A doctor's approval is required for participation if: 1.) requested by Earthwatch, 2.) the participant is joining a SCUBA project, and/or 3.) the participant is 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*, *Essential Eligibility Requirements*, *Health and Safety*, and *Project Risks and Precautions* sections of the **Online Expedition Briefing** carefully as these address any health, safety or fitness 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:	
Email:		Telephone: (incl. country code)	
Comments: (office stamp optional)			

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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