PHYSICIAN CERTIFICATION

_____ [print full name of program participant / patient] has advised me that s/he wishes to participate in international travel with Elevate Destinations. I understand that s/he will be traveling to the Dominican Republic for the following dates of travel: March 16-22, 2025.

I have been advised that while Elevate Destinations seeks to include all participants, regardless of physical ability or medical condition, Elevate Destinations is limited by the infrastructure and services available in the communities they visit and that medical services and treatment in the country of travel may not be of the same quality as is available in the United States. This is an active trip, and we recommend that travelers have a **high level of fitness and agility**. Travelers on this trip should be able to:

- Walk at least one mile without difficulty on uneven surfaces
- Spend extended periods of time on their feet
- Climb sets of stairs without assistance
- Keep pace with an active group of travelers
- Ride comfortably in a vehicle on bumpy roads for extended periods of time

In my professional opinion, _____ [print full name of program participant / patient]: (check one)

- ○ IS medically fit to fully and safely participate in this international travel.
- ○ IS NOT medically fit to fully and safely participate in this international travel.

Physician Name

Physician Signature

Physician Phone Number

Physician Address

Physician City, State, Zip