



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 Rwanda for the following dates of travel: May 31 – June 8, 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 require that travelers have a **moderate level of fitness and agility**. Travelers on this trip must be able to:

- Walk at least one mile without difficulty on uneven surfaces
- Spend extended periods of time on their feet
- Spend time outside in various weather conditions
- 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
- Able to withstand high altitude
- For trekking, able to walk for hours on uneven terrain that can often be muddy and slippery in dense vegetation and navigating some inclines.

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.
- IS medically fit to fully and safely participate in this international travel, subject only to the following special requirements or accommodations (please list of applicable):

Physician Name

Physician Signature

Physician Phone Number

Physician Address

Physician City, State, Zip