



Fit to Travel Release

(Physical Exam)

To be completed by Traveler

Name: _____

To be completed by a Physician:

Please bring this information to your physician to review and sign:

During Ocean Discovery Institute’s Intro to Research program, (Traveler name)_____ will reside at a field station in Bahía de Los Angeles, Baja California, Mexico for a period of roughly 6 days. This location is a remote area (10-hour drive from San Diego) with limited access to medical care. This is an extremely hot time of the year (Summer), with temperatures between 90° to over 100° F. During that time, the participant will travel *to remote islands via boat, engage in moderate to strenuous hiking, snorkeling, swimming, and sleeping outdoors on cots.*

Please indicate if the participant has any of the following:

Ongoing medical conditions (indicate what they are and any associated medications)	
History of respiratory issues (indicate what these are and when this has affected the participant; does the participant use an inhaler?)	
History of seizures (indicate when this has affected the participant)	
Current allergies (indicate what they are and the severity of them; does the participant carry an epi pen?)	

_____ (participant name) can participate in the Intro to Research program.

_____ **without any accommodations**

_____ **with the following accommodations:**

Are there any other needs/ accommodations that you would like Ocean Discovery to be aware of?

_____ **Yes. Please explain.**

_____ **No.**

Explanation:

Ocean Discovery will engage in an interactive process to determine if a reasonable accommodation can be provided. So long as it does not create an undue hardship for Ocean Discovery and/or does not pose a direct threat to the health and safety of others in the program and/or to the student.

Physician Name (Please attach business card or office stamp)

Physician Signature

Date

Please return this form to Joel Barkan, Education Manager at jbarkan@oceandi.org