



## Fit to Travel Release

*(Physical Exam Form)*

**To be completed by Student:**

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

**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”, \_\_\_\_\_ *(participant name)* will reside at a field station in Bahía de los Ángeles, Baja California, Mexico for a period of 5 to 12 days. This location is a remote area (1 day drive from San Diego) with limited access to medical care. This is an extremely hot time of the year, with temperatures between 90° to over 100° F. During that time, the participant will travel to remote islands via boat, engage in moderate hiking, engage in snorkeling and swimming, and sleep outdoors on cots.

Please indicate if the participant has any of the following:

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

*(see reverse side for additional steps)*

**Please answer the following questions:**

\_\_\_\_\_ (*participant name*) \_\_\_\_\_ can participate in the “Intro to Research Program”

\_\_\_\_\_ **without any accommodations**

\_\_\_\_\_ **with the following accommodations:**

Please comment here:

\_\_\_\_\_  
Physician Name (Please attach business card or office stamp)

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date

**Please return this form to Angel Soria, Program Coordinator at [asoria@oceandi.org](mailto:asoria@oceandi.org)**