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## Physician's Statement Bridges to Nepal 2010 Application

### To the Examining Physician:

\_\_\_\_\_ is applying for a program of study and volunteer work to be carried out in Nepal in Spring 2010. This program will involve strenuous activity (long treks over difficult terrain), sustained field work at high elevation (12,000-17,000 feet), and optional non-technical climbing (up to 20,000 feet). Medical facilities in the field are essentially non-existent, evacuation could take days, and medical facilities in the urban areas are typical of "Least Developed Countries."

The information that you provide will be released only by permission of the applicant OR to appropriate personnel if an emergency should arise.

### I. Please provide the following basic information about the applicant.

Age:      Weight:      Height:      Resting Heart Rate:      Blood Pressure:      Blood type:

### II. Answer each of the following questions by circling **Yes** or **No**, as appropriate. If the response to any is **No**, please explain, either on the back of this form or on a separate sheet of paper.

1. **Yes No** Does the applicant have any physical condition that would limit his or her ability to participate in this project?
2. **Yes No** Does the applicant have any current physical conditions or history of physical conditions that, while not limiting his or her ability to participate, might nonetheless require special attention or medication?
3. **Yes No** Does the applicant have any contagious diseases?
4. **Yes No** Does the applicant have any allergies or other conditions of which emergency care-providers need to be aware?

Physician's Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Date \_\_\_\_\_ Telephone: \_\_\_\_\_

Place of Practice: \_\_\_\_\_