

# the Hike that heals

Your heels were made for healing... join us on an adventure that will help heal the lives of children and families in Israel



## MEDICAL CLEARANCE FORM

### TO BE COMPLETED BY PARTICIPANT AND RETURNED TO EMUNAH

Confidential Assessment of Physical Fitness to Participate in the "Hike that Heals 2009" for

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ (dd/mm/yy)

1. List present or past conditions or injuries that may affect your ability to take part in the hike (such as hypertension, cardiovascular diseases, neurological disorders, diabetes, arthritis, etc.), or if none, state "none".

\_\_\_\_\_

2. I take the following medications routinely (including alternative medications):

\_\_\_\_\_  
\_\_\_\_\_

3. Other health information that the organizers should be aware of:

\_\_\_\_\_  
\_\_\_\_\_

BELOW IS MY MEDICAL CLEARANCE FORM SIGNED BY A PHYSICIAN THAT WILL ALLOW ME TO PARTICIPATE IN THE EMUNAH "THE HIKE THAT HEALS 2009". I HEREBY AUTHORIZE THE ORGANIZERS OF THE HIKE TO RELEASE MY MEDICAL INFORMATION TO THE MEDICAL SUPERVISOR OF THE HIKE AND TO ANY THIRD PARTY GIVING TREATMENT TO ME, AT THE SOLE AND ABSOLUTE DISCRETION OF THE ORGANIZERS.

SIGNATURE OF PARTICIPANT \_\_\_\_\_ DATE \_\_\_\_\_

*Overseas participants are reminded to take out travel insurance. Should medical treatment be required beyond the "Hike that Heals 2009" medical team, participants must personally cover the cost of treatment. A receipt will then be issued which can then be used to apply for reimbursement from the participant's own health insurance policy.*

### TO BE COMPLETED BY PHYSICIAN AND RETURNED TO EMUNAH

I hereby certify that the above information is correct to the best of my knowledge and that (NAME) \_\_\_\_\_ is medically capable of participating in a 9-12 mile/15-20 km per day hike for 5 days.

ADDITIONAL COMMENTS: \_\_\_\_\_

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_ MEDICAL STAMP \_\_\_\_\_