

Please return forms to:
ZOE c/o Elena Ballam
700 Waterfield Ridge Place
Garner, NC 27529



Phone: 919-779-7272
Email: elena@wearezoe.org
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Physician's Release Form

I, _____ (traveler) plan to participate in a ZOE Trip to _____ (country).

The ZOE team will spend a significant amount of time outdoors and there will be a fair amount of walking. Participants can expect to spend several hours each day riding in a vehicle. Participants will stay in hotel rooms and bottled water will be provided. Healthcare facilities may be inadequate or nonexistent.

Please sign below if you agree that my general health is adequate for this endeavor. If you are not familiar enough with my physical health, I agree to have a physical examination and laboratory tests if indicated as part of my application process.

After reviewing the above information and knowing the team member, it is my opinion that not untoward risks would be incurred by this person's participating in a project as described above. I have given advice on the vaccines and medications I believe are appropriate for this trip.

Signed _____, MD

Date _____

Physical examination performed? _____ Yes _____ No

Print Name _____

Phone _____

Address _____

Fax _____
