

MEDICAL CLEARANCE FORM

St Columba Holy Land Tour

Participant's Name (please print) _____

This Holy Land Tour is a physically demanding experience. Participants must be physically and psychologically able to walk 3–5+ miles per day on rugged terrain with very few American style sidewalks at a rigorous pace and in sunny, dry, hot weather. June temperatures in Israel average in the high 80s and 90s (Fahrenheit), and can exceed 100 some days. Be sure to pack a hat, a water bottle, sunscreen, and comfortable shoes!

Please indicate the pre-existing medical condition(s) for which you are approving this applicant's participation in our trip as well as any other information that might be pertinent:

Name of Physician (please print) _____

Physician's Signature _____ Date _____

Phone _____

I, _____ (Participant), give permission for Holy Land Tour 2024 to contact this practitioner if it is believed any further information is required.

Participant's signature authorizes St Columba Holy Land Tour to act with power of attorney to grant the appropriate medical professional(s) and relevant Embassy personnel access to participant's medical records should participant be physically or mentally incapacitated and unable to grant such permission himself/herself during the trip.

Applicant's Signature _____ Date _____

Emergency Contact Person _____ Phone _____

Please return this Medical Clearance Form via email (JEL1451@gmail.com) or U.S. mail:

Tartan Tours
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Fort Collins, CO 80525