

Dorchester Skipjack Committee
P.O. Box 1224
Cambridge, MD 21613
410-228-7141

Physician Fitness Certificate

Dr. _____

_____ desires to serve as captain or crew member aboard the skipjack *Nathan of Dorchester*.

Such service involves physical exertion, stamina, and endurance. The following is a list of activities expected of a crew member, that is not comprehensive or exhaustive:

- Pulling (horizontal, up, or down), or lifting 50 pounds.
- Standing for several hours.
- Maintaining balance on a moving deck.
- Exposure to outdoor weather, including sun, cold (40° F.), heat (95° F.), or rain (with foul weather gear), for 2 hours.
- Absence from professional emergency medical care for a current illness for up to 6 hours.

Is there a current medical condition, or history of past medical condition, or medication requirement, which would prevent the person from undertaking the above activities?

Yes_____, No_____

Is there a current medical condition, or history of past medical condition, or medication requirement, which might cause sudden incapacitation in the future?

Yes_____, No_____

Please return a signed copy of this evaluation to the Dorchester Skipjack Committee at the address above. Additional comments may be attached.

Physician 's Signature

Date

RELEASE: I authorize Dr. _____ to release information related to my health and medical condition, to the Dorchester Skipjack Committee, *Nathan of Dorchester*, its officers, directors, or agents.

Signature

Date