



STEPS OF PAUL BIBLE STUDY TOUR
March 17 to April 1, 2025

MEDICAL CERTIFICATE

This is to certify that I have personally and carefully examined my patient, whose name is _____ and whose age is _____.

(Note: Please describe or list down the patient's existing health and medical condition.)

RECOMMENDATION *(Please select the statement that applies):*

- ☐ The patient is fit for travel. The patient can walk long distances at a moderate pace on level ground and an incline without assistance. The patient will not need a cane, a walker, or a wheelchair to join the tour.
- ☐ The patient is not fit to travel. His or her physical condition does not permit him or her to walk long distances at a moderate pace without any assistance, especially on an incline. The patient will need a cane, a walker, or a wheelchair to join the tour.

I attest to the truth of my preceding assessment and recommendation regarding my patient's fitness and health condition.

Signed:

ATTENDING PHYSICIAN

(Printed Name and Signature)

PRC License #