## The Tell es-Safi/Gath Archaeological Project 2019 Season Health Form

Name:			
Last	First	Middle	
participation. The filled-out form mus (either in the mail or at arrival to the s	st be received before c site; we strongly recor	cipants and its receipt is mandatory to enable commencement participation in the excavation immend the former). In the case of minors (under e bring a copy of this and other forms when	
	tions. Participants are	g participation in an exerting physical activity, in required to undergo a medical examination prior ation (see below).	
Participant's Declaration: I am of sound mind and body and can	participate in the phy	ysical demands of the excavation.	
Signature of Applicant:		Date:	
Doctor's authorization (please fill ou		,	
I have examined the applicant ( to participate in the excavation. The a	pplicant has an up-to-	) and he/she is medically fit o-date Tetanus vaccination.	
Physician's comments (optional):			
Dr	Field	Field of Expertise:	
Address:		Telephone:	
Doctor's Signature:		Date:	
Doctor's Seal:			