PHYSICIAN APPROVAL

For Snorkeling Silfra Tours in Iceland

Participant Name_____

Dear Physician,

The above patient of yours wishes to participate in a snorkeling tour with us here in Iceland, but has answered YES to a question in Section 2 on the preceding page. Your assessment of the individual's fitness for the tour is therefore required.

Please note that there have been serious medical incidents in Silfra involving participants in the risk groups identified in Section 1 and Section 2 on the preceding page.

Snorkeling in Silfra includes the following:

- Participants wear a tight and constricting full body suit. The suit is heavy and may make walking difficult.
- Participants must walk in full gear about 150 meters to the entry point and later 350 meters from the exit stairs back to where the tour started.
- The suit has seals on the neck and wrists that stop water from getting in. These can be tight and sometimes an additional rubber strap needs to be worn around the neck.
- In-water duration is 30-40 minutes and the water temperature is 2° Celsius.
- The heads and hands of participants are exposed to the 2° Celsius water through a mitigating material. Part of the face is not covered by the hood and will therefore be in direct contact with the water.
- There is a slight current in Silfra and participants must be able to swim against it during the last part of the tour.
- Whenever entering the water there is a small chance of the suit leaking. In this case 2° Celsius water will enter the suit and the water will be in direct contact with the thermal under layers and skin.
- Participants use a snorkel to breathe throughout the activity. This is a breathing tube with one end in the water and the other in the air.
- Participants change in our tour vans in potentially wet, windy and cold weather conditions. In winter, outside temperatures in Iceland may be far below the freezing point.

Physician's Impression

☐ I find no medical conditions that I consider incompatible with the activity described above.
☐ I am unable to recommend this individual for the activity described above.

Remarks_____

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Physician's Signature_____ Date_____/_____/_____

Physician Name_____

Clinic/Hospital_____

Address_____

Phone_____Email_____