



Dolphin Research Center Training Institute

PHYSICIAN'S FITNESS FOR DUTY RELEASE FORM

Doctor's Name: _____

Address: _____

Phone: _____

Occupational Associate's Degree: Marine Mammal Behavior, Care and Training Program Requirements

Mobility: Without assistance, sufficient to rapidly walk the span of Dolphin Research Center without interruption, run and swim distances of 50 yards, easily maneuver on and off floating/moving platforms without assistance, maneuver in tight spaces while manipulating overhead objects, work outdoors in both intense sun and heat as well as under rainy and cold conditions. Students are required to participate in facility cleaning and maintenance and may be required to repair and maintain habitats, fences, equipment, and training props. Students will be required to prepare the diets of all animals in the facility under the supervision of DRCTI/DRC staff members and are also required to conduct extensive cleaning of husbandry area and materials daily.

Motor Skills: Gross and fine motor abilities sufficient to provide safe and effective animal care, including without assistance, the ability to routinely lift 50 lb. boxes of frozen fish and maneuver non-motorized rolling carts carrying up to 60 lbs. over the entire span of the facility (approximately 230 yards) without interruption.

Hearing: Ability sufficient to monitor human communication, auditory training bridges, and animal vocalizations and behavior across large distances (half the length of the facility animal habitats combined).

Visual: Ability sufficient for observation and visual assessment of animals, humans, and habitats in extreme high light (intense sun) and low light situations, both indoors and outdoors. Students must see well at a distance of 90 feet or more. This is in accordance with human and animal safety issues and observational needs

This certifies that _____, who was seen by me on _____, can perform all duties as outlined above and has no known conditions that would be exacerbated by performing said duties.

Additional Comments or Concerns:

Signed: _____

Date : _____