

Elevations

Physician Evaluation Form

To the Physician:

Your patient has been asked to provide physician clearance in order to participate in the Dry Bones Denver Elevations Vision Trip, a structured week-long program combining outdoor day hiking in the Colorado Rocky Mountains with relational community engagement in Denver.

This is not a backcountry expedition. Key program details relevant to your evaluation:

- Day hikes up to approximately 5 miles, beginning and ending at a central group basecamp in the Colorado Rocky Mountains
- Elevations ranging from approximately 5,000 to 13,500 feet above sea level
- Campsites are vehicle-accessible; trip locations are typically within roughly 30 to 60 minutes of emergency medical care
- Staff carry phones and radios throughout; hiking areas are in established recreational zones with ranger presence and other trail users
- No backpacking, rappelling, or multi-day remote travel
- The city portion of the week also involves outdoor physical activity, including walking up to two miles and informal recreational activity, in warm, dry urban conditions in the State of Colorado

Clearance is requested because your patient has disclosed one or more of the following conditions:

- An uncontrolled or unstable heart condition
- Severe or uncontrolled asthma or respiratory issues
- A seizure disorder or history of fainting episodes
- Surgery or serious illness within the past 12 months

Please review the participant information below and complete the evaluation section on the following page. If you have questions, contact Mark Wilson at mark@drybonesdenver.org or (720) 240-8585.

1. Participant Information

Participant Name: _____

Date of Birth: _____ **Age:** _____

Address: _____

Phone: _____

Email: _____

2. Condition(s) Requiring Clearance

Please identify the condition(s) for which clearance is being sought:

3. Physician Evaluation

Based on your examination and knowledge of this patient, please respond to the following:

- Yes No The participant's condition is currently stable and well-managed.
- Yes No The participant takes medication relevant to this condition. (Please note special instructions below.)
- Yes No In your clinical judgment, this participant is able to engage in moderate day hiking at Colorado elevations (5,000 to 13,500 feet).
- Yes No You are aware of any factors that would make participation inadvisable.

If you answered Yes to the last question, or have concerns you would like Dry Bones staff to be aware of, please describe:

Medication or management notes for trip staff (e.g., dosage, timing, signs to watch for):

Any activity modifications or limitations you recommend:

Physician Affirmation: I affirm that I have examined the above-named participant and, based on my clinical judgment, I find them able to participate in the Dry Bones Denver Elevations Vision Trip as described, subject to any modifications or limitations noted above.

4. Physician Information & Signature

This form must be completed by a licensed M.D., D.O., P.A., or N.P.

Physician / Provider Name (Print):

License Type (M.D. / D.O. / P.A. / N.P.):

License Number:

State Licensed:

License Expiration Date:

Practice / Office Name: _____

Office Address: _____

Phone: _____

Email: _____

Signature: _____

Date: _____

Please return this completed form to:

Mark Wilson, Elevations Program Coordinator

mark@drybonesdenver.org

(720) 240-8585

Or mail to: Dry Bones Denver, 1600 N Downing St, Ste 400, Denver, CO 80218

Please return at least two weeks before the scheduled trip departure.