

Physician: The applicant will be taking part in active camping including hiking at 8-12,000 foot elevation, extreme weather conditions, cold water, exposure, fatigue, and remote conditions where medical care cannot be assured. Please feel free to call Elevations at 303-809-7389 if you have any questions.

Physician's Evaluation:

☐ have examined the applicant and have approved him/her for participation in Elevations program activities.

☐ have examined the applicant and have approved him/her for partial participation in Elevations program activities.

Please list the activities that should be limited for this participant

Signed: _____ **Date:** _____

Physician licensed to practice medicine

Physician Information:

Name: _____

Office Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone Number: _____ - _____ - _____