

LIVE BY LIVING MEDICAL CLEARANCE : To be completed by participant's health care provider. Return completed form to: dsm@livebyliving.org, or mail to:
Live By Living, 2381 S. Lupine St. Lakewood, CO 80228

Note to Attending Physician/Health Care Provider:

This patient has applied for a **retreat** or **training program** for cancer survivors.

- **HUT RETREATS** involve hiking or snowshoeing 3-4 miles to cabins located at elevations over 11,000 feet, spending 2 nights, and hiking 2-4 miles near the cabin.
- **YMCA retreats** involve staying at a modern cabin or lodge in Estes Park and going for easy (1-2 mile flat) hikes or moderate (3-4 mile, up to 1,000' elevation gain hikes)

The "Cancer to 14K" training program involves 12 weekly hikes culminating in

- Hiking Grays Peak (14,270' with 3,000' elevation gain and about 8 miles on a good trail) (DIFFICULT TRACK); OR
- Hiking to Blue Lake (5.5 mi., 950' elevation gain, elev. 11,300') (MODERATE TRACK), OR
- Hiking 3 miles on gentle terrain (EASY track)

Participants will be required to carry a lightweight daypack. Retreats are vehicle supported with access to medical facilities within 1-4 hours from the cabin. There is experienced volunteer staff accompanying all groups.

APPLICANT'S FULL NAME: _____ Date of Birth: _____

1) This patient is physically capable of participating in Live By Living activities described above

Yes

No

If no, Explain:

2) This patient can hike 3-5 miles at altitudes above 11,000' (8 miles for advanced Cancer to 14K group)

Yes

No

3) This patient can carry a daypack

Yes

No

4) Hypoxia — is this patient at risk for hypoxia at elevations greater than 11,000 feet?

Yes, they are at risk

No, they are not at risk

5) Any additional concerns? Please describe:

Healthcare Provider Printed Name: _____ Date: _____

Healthcare Provider Signature: _____

Office Phone Number: () _____