



**Maine Adaptive**  
SPORTS & RECREATION

**PHYSICIAN STATEMENT**

(Please Print Clearly)

The following form **MUST** be completed by a licensed physician.

Patient's Name:		Date of Birth:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Height:	FT	IN	Weight: LBS
What is the nature of this person's disability?:			
Please List any medications:			
How may these medications effect his/her participation?:			
Does this patient have seizures? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please answer the following questions regarding their seizures:			
What type of seizure?	When was their last seizure?	Is the patient on medication for seizure activity? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Maine Adaptive's sports programming may include activities such as alpine skiing, cross country skiing, snowshoeing, snowboarding, cycling, golf, paddling, tennis and fishing.</b>			
<b>PLEASE CHECK ONE OF THE FOLLOWING:</b>			
<input type="checkbox"/> I recommend participation without limitation.			
<input type="checkbox"/> I recommend participation with the following limitations/suggestions:			
<input type="checkbox"/> I do not recommend participation.			
<b>PHYSICIAN NAME (PRINTED):</b>			
<b>ADDRESS:</b>			
<b>TELEPHONE:</b>		<b>FAX:</b>	
<b>PHYSICIAN SIGNATURE:</b>		<b>DATE:</b>	
<b>8 Sundance Lane, Newry, ME 04261</b>		<b>207-824-2440(phone)</b>	<b>207-824-0453(fax)</b>
(or save a copy and email that to <a href="mailto:info@maineadaptive.org">info@maineadaptive.org</a> )			
Date Received:     /     /			