



PHYSICIAN'S STATEMENT

Altitude 14,505 Program 2023

Please return this form by mail or email to:
DYF, 5167 Clayton Road, Suite F, Concord, CA 94521
info@dyf.org

This form is to be completed by the participant's general physician, nurse practitioner, or endocrinologist. You may choose to have your child's physician send or fax this form to DYF directly or you may send it in yourself.

Your child will not be able to attend the trip without this signed form. NO EXCEPTIONS.

IMPORTANT* Note to the Physician: Your patient is applying to participate in a 10-day backpacking trip which will cover 90+ miles at elevations up to 14,505 feet. This is a rigorous, physically demanding journey. **This trip is a poor choice for teens that are not in strong physical condition. This backpacking trip requires teens to carry a 25-45 pound backpack while hiking an average of 6-15 miles per day with various elevation gains and loses, sometimes over 1000 feet in a single stretch.** We are not looking for participants who have excellent management of their blood sugar levels. However, we do feel it is prudent to steer teens that experience frequent severe hypoglycemic reactions result in seizure, have frequent hospitalizations, or are not deemed physically fit, to our less intensive teen camp program. We appreciate your help and guidance in assessing your patient's physical and medical readiness for this strenuous program.

If you are not comfortable recommending your patient for this trip, please DO NOT sign this form. Please send it in to our office and indicate that you do not recommend your patient for this trip.

Patient's Last Name: _____ First Name: _____
Date of last physical examination: _____ (m/d/y) (must be within 3 months of July 12, 2023.)
Last A1C: Date _____ Value _____

Please check the appropriate boxes and list the following:

- ☐ Medical conditions (other than diabetes): _____
- ☐ Physical limitation: _____
- ☐ Behavioral Issues: _____
- ☐ Medications (other than insulin) which need to be continued: _____
- ☐ History of concussion: _____
- ☐ Loss of consciousness: _____
- ☐ Seizure disorder: _____
- ☐ Hypoglycemic seizures: _____
- ☐ Hospitalizations in past year: _____
- ☐ Concerns about insulin and/or food omission: _____

I examined the above named individual on the indicated date (must be within 3 months of July 12, 2023) and find no medical reason why he/she is not able to fully participate in a strenuous, physically demanding outdoor adventure program resulting in the culmination of summiting 14,505 feet and hiking over 90 miles over a 10 day period.

Physician's Signature: _____ Date(m/d/y) _____

Physician's Name (Printed): _____

Phone: (_____) _____