

## Medical Clearance Note

Your patient \_\_\_\_\_, DOB \_\_\_\_\_ wishes to take part in wellness dolphin encounter retreat that will be in Hawaii. This retreat is an up to 4 hour wild dolphin encounter which will be 3 days in a row that includes but not limited to swimming and snorkeling.

This note states that your patient is approved to attend a retreat of this nature and is medically cleared for this physical activity with your blessing.

Please sign and date stating your medical recommendation for your patient.

Report of Physician:

\_\_\_\_\_ I know of no reasons why patient cannot participate.

\_\_\_\_\_ I believe patient can participate, but I urge caution because: \_\_\_\_\_

\_\_\_\_\_ I recommend patient NOT participate.

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician's Name (Print): \_\_\_\_\_

Phone Number: \_\_\_\_\_

If you have any questions regarding this retreat please contact Amy Ruffolo 724-816-9166.