Dear Doctor:

Your patient, ____________________________________________, wishes to participate in an outdoor trip through UCLA Recreation’s Outdoor Adventures’ Trips Program. Trips are assumed to take place in challenging conditions (e.g., below-freezing, cold, or hot temperatures; snowy, rainy, windy, or sunny weather) and to be physically demanding (e.g., strenuous hiking over uneven ground, sleeping in tents on ground pads, exposed to the elements during the whole trip). Furthermore, trips may take place in locations without cell-phone reception and from which accessing advanced medical-care may take one (or more) days.

If you know of medical or other reasons for which participation in the program by your patient would be unwise, please indicate so on this form.

Thank you,
Outdoor-Adventures Staff

Report of Physician

*Please check all options that apply

☐ I don’t know of any reasons for which the applicant should not participate.

☐ I believe the applicant can participate, but I urge caution due to the following:

1. Medical Condition: ________________________________________________________________

2. Medication: ________________________________________________________________

3. Illness: ______________________________________________________________

4. Injury: ________________________________________________________________

5. Other: ________________________________________________________________

☐ The applicant should not engage in the following activities: ________________________________

______________________________________________________________

______________________________________________________________

______________________________________________________________

☐ I recommend that the applicant NOT participate.

Physician Signature: __________________________ Date: __/__/____

Print Name: __________________________ Phone: __________________