Medical Clearance Form

All participants must have this form completed by their physician and turned into Oncology Supportive Services **by August 25, 2025**. Please have your physician fill out the form and fax back to:

Oncology Supportive Services: fax 719.365.9520

To be completed by the patient's physician:

Your patient has chosen to participate in a two-day Oncology Retreat at Camp Shady Brook in Deckers Colorado. The retreat involves hiking on uneven terrain at an elevation of approximately 6500 feet.

Medical History:

Patient's Name:_____

Type and Stage of Cancer: _____

Date of Diagnosis: _____

Date of relapse (if any)_____

Currently in remission? Yes No Date of Remission_____

Treated with Chemotherapy_____

Radiation_____

Surgery_____

Has the applicant completed therapy? Yes No If yes when?_____

When was the applicant's last course of treatment?_____

Type (chemo or radiation): _____

If currently receiving chemotherapy or radiation, when is treatment anticipated to be completed?

_____

Does the patient need oxygen therapy? Yes No

If yes, please describe_____

Does the patient exhibit any of the following conditions?

Myelosuppression Yes No

Cardiac/pulmonary Impairment Yes No

If yes, please describe: _____

Neuropathy Yes No

If yes, where? Severity? _____

Balance Problems Yes No

Use of assistive device? _____

Describe any other illnesses or concerns that relate to the applicant's current condition:

Describe any physical disabilities and/or limitations:

Additional Comments:

Medications:

Please list all medication, dosage and schedule that will be needed while attending the retreat:

_____

Allergies:

Please list any allergies the patient has to medications, food or environmental factors:

Doctor's Statement:

I have examined _____ who is physically able to engage in UCHealth Memorial Hospital's Survivor Retreat.

Physician Name: _____

Emergency Phone: Office: _____ Cell:_____

Signature: _____ Date_____