



The Beat Retreat – 2016 Medical Form



Attendee information <i>(to be completed by attendee)</i>		
Full name:		
Age:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Street address:		Apt.:
City:	Province:	Postal Code:
Home phone:	Cell phone:	
Email:	Health card number:	

Cardiologist opinion <i>(to completed by cardiologist.)</i>	
Dear Cardiologist:	
<p>Your patient is planning to attend The Beat Retreat, a four-day weekend retreat for adult congenital patients. This retreat is being held at Camp Quin-mo-lac, a camp located approximately 45 minutes north of Belleville, Ontario. Attendees will have an opportunity to participate in a mix of traditional camp activities – such as canoeing, climbing wall, low ropes, archery, volleyball, badminton, yoga, massage therapy, etc.</p> <p>During the camp, attendees will be responsible for monitoring their own health and care (i.e., medications, activity level). No designated medical personnel will be available on site. The nearest hospital is Belleville General Hospital, approximately 45 minutes away.</p> <p>As adults, attendees will be expected to use their judgement and participate (or abstain) from activities as appropriate based on their physical limitations and comfort level. However, we ask that you please provide your opinion on any limitations or restrictions the attendee should respect while participating in camp activities.</p>	
Medical opinion	
I have examined the above camp participant. Date of last examination: DD / MM / YYYY	
In my opinion, the above applicant <input type="checkbox"/> is / <input type="checkbox"/> is not able to participate in an active camp program.	
Please indicate any limitation or restrictions for participation in camp activities.	
Cardiologist's contact information	
Cardiologist's name:	Phone number:
Signature:	Date:

Attendee authorization for release of medical & personal information <i>(to be completed by attendee)</i>	
I hereby authorize the release of the medical information requested on this form to the CCHA, organizers of The Beat Retreat, and any medical practitioners as deemed appropriate and/or necessary to help ensure my safety while attending The Beat Retreat. I ALSO AGREE TO RESPECT AND ABIDE BY THE LIMITATIONS AND RESTRICTIONS AS OUTLINED IN THE MEDICAL OPINION ABOVE.	
Applicant's name:	
Applicant's signature:	Date: