

# Medical Certification Form

This form is to be completed by an attending physician.

Please return completed form to:  
Catch-A-Dream Foundation  
2485 Ennis Road  
Starkville, MS 39759  
Or Fax to 662-324-5699



**NOTE TO PHYSICIAN:** The child listed below is under consideration by the **Catch-A-Dream Foundation** for fulfillment of an Outdoor Dream Adventure. The primary qualifying criterion is that the child is legitimately suffering from a **"life-threatening" illness**. We define life-threatening as **"Any progressive, degenerative or malignant disease or condition, resulting in a significant threat, likelihood or certainty that the child's life expectancy will not extend past his/her 19th birthday unless the course of the disease is interrupted or otherwise abated."** With the permission of the parent or guardian, as indicated by the signature on the attached Application Form, we request that you verify the health status of this child, and provide to us an honest assessment of the reasonable "urgency" of the child's condition. Your comments will remain in total confidence.

Physician Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

**Please Check the Appropriate Box or Respond on Each Line Marked by**

I verify that \_\_\_\_\_ is my patient and is under

(Child's name)

Treatment for \_\_\_\_\_

(Physician please complete: Disease or condition)

Prognosis with regard to functional capacity by age 19 is:  -Poor  -Fair  -Good  -Excellent

This disease or condition is life-threatening in that there is a **"progressive, degenerative or malignant disease or condition, resulting in a significant threat, likelihood or certainty that the child's life expectancy will not extend past his/her 19th birthday unless the course of the disease is interrupted or otherwise abated."**  Yes  No

It is my opinion that this child is physically  Able  Unable to participate in an age-appropriate, supervised and facilitated Hunting or Fishing Experience.

Any specific precautionary measures or extenuating circumstances? \_\_\_\_\_

Any further explanation that might assist the medical review Board? \_\_\_\_\_

It is my opinion that this child  Is  Is Not emotionally and/or psychologically capable of comprehending a wish grant of this nature. Explain if necessary: \_\_\_\_\_

**Urgency:** Some wishes require months to a year or more lead time and preparation. We do not prioritize on any "financial need" basis, but it is helpful for us to know the sense of urgency with regard to time-frame for our processes for each particular child. **Please help us by providing your best advice relative to the time luxury that we might be afforded before (if ever) the child's physical condition might preclude participation.**

3 mo  3-6 mo  6-12 mo  >12 mos  no immediate threat expected



Physician Signature \_\_\_\_\_ Date \_\_\_\_\_



Physician License Number: \_\_\_\_\_ State of License \_\_\_\_\_