PHYSICIAN'S AUTHORIZATION

This release is valid for up to three (3) years from the date of signature unless otherwise noted.

Patient's Name: _____ Date of Birth: _____

1. Is this patient diagnosed with a developmental disability?
   (Please be Specific) _____

2. Does this patient have any physical disabilities related to:

	Disability	Extent
Ambulation	_____	_____
Gearing	_____	_____
Vision	_____	_____
Speech	_____	_____
Balance &	_____	_____
Coordination	_____	_____

3. Patient History:
   a. Chronic diseases: heart _____ diabetes_____ other _____
      Describe: _____
      Resulting limitations: _____
   b. Seizures _____ degree _____ frequency _____
      known antecedent_____
   c. Frequent colds _____ frequency _____
   d. Ear infections _____ frequency _____
   e. Allergies (food restrictions) _____
   f. Allergies (Medications) _____
   g. Hepatitis _____ Type _____

4. Has this patient benefited from all recommended immunizations:_____
   a. Diphtheria/Tetanus Toxoid (4 doses) Dates: _____,_____,_____,_____
   b. Oral Polio Vaccine (3 or more doses) Dates: _____,_____,_____,_____
   c. MMR Vaccine (2 doses) Dates: _____,_____
   d. Hepatitis B (Hep B) (3 doses Date:: _____, _____, _____
   e. Haemophilus influenza type B (Hib) Date: _____
   f. Varicella (Chicken Pox) Date: _____

   If no, what immunizations are lacking:_____
   _____

5. Does this patient take medication daily? _____
   If so, what medication, dosage and time given _____
   _____

6. I recommend this patient for:
   a. _____Full participation in North East Westchester Special Recreation programs including swim
   b. _____ Participation in North East Westchester Special Recreation programs with the following limitations:_____
      _____
   c. _____ No participation in any North East Westchester Special Recreation programs due to:
      _____

7. Signature of Physician: _____ Date: _____
   Address: _____ Phone #: _____

Return to: North East Westchester Special Recreation, Inc.
63 Bradhurst Avenue, Hawthorne, New York 10532
(914) 347-4409