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**2019 Super Hunt Medical Form**

Patient’s Name

Birth Date

Address

Parent/Guardian Name

Telephone Number

**(To Be Filled Out By Physician)**

***Dear Physician,***

***The patient identified above has submitted an application to participate in the 2019 Super Hunt, a three-day deer hunting weekend for disabled youth sponsored by the Southern Outdoors Unlimited. As part of the application process, please provide the following information:***

Patient’s disability:

Patient’s Physical Limitations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medications:

(Dose & Time)

Are patient’s immunizations up to date?

Has patient received a tetanus shot or tetanus booster within the last three years? \_\_\_\_\_\_\_\_

Any Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Identify any special accommodations necessary to allow the patient to participate in the Super Hunt weekend: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Physician Name:

Physician Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Clinic Name and Address:

Telephone Number:

***A COMPLETED MEDICAL FORM MUST BE SUBMITTED BY OCTOBER 1, 2019. THE COMPLETED FORM CAN BE EMAILED TO*** [***info@southernoutdoorsunlimited.org***](mailto:info@southernoutdoorsunlimited.org) ***OR MAILED TO Southern Outdoors Unlimited P.O. Box 2305 Ridgeland, MS 39158. HUNTER’S WILL NOT BE ALLOWED TO PARTICIPATE IF A COMPLETED MEDICAL FORM IS NOT RECEIVED BY THE DEADLINE.***