



ST. ANNE

ROMAN CATHOLIC PARISH

St. Anne Catholic Parish
440 E. Elliot Road, Gilbert, AZ 85234
(480) 507- 4400

Medical Release

Date: _____

Physician Name: _____

Address: _____

Dear Dr. _____,

Your patient, _____, born on _____, has committed to participating in a pilgrimage on July of 2016 which will last 16 days abroad. This pilgrimage will require all-day travel on 3 separate days, meals may be spread out and limited on some days, long-distance walks may be required and we expect to sleep outside amongst millions of people overnight on the last day of the pilgrimage. Illnesses of particular importance of those such as diabetes, asthma, severe allergies, seizures, chronic illnesses, those that are exacerbated by moderate to severe stress levels, illnesses requiring long-term medication and treatment, uncontrolled illness and the like.

I ask that you please provide a physical exam of all systems and indicate if this individual can attend this pilgrimage without any medical concerns. If this individual requires any treatment prior to receiving clearance, then please indicate this below. Also note the amount of time any necessary medical treatment will require to complete. I may be reached with any questions regarding this consult at (480) 654-1811 or at dr.sandrareyes@gmail.com

Sincerely,

Dr. Sandra G. Reyes
Pilgrimage Manager

Medical Examination

Medical Findings:

- ☐ This Individual MAY ATTEND the proposed event next July 2016.
- ☐ This individual MAY NOT ATTEND the proposed event described in this medical consult.

Comments:

[illegible]

Physician's Signature

Date

State License #

Please make a copy for your records and return the original form to my office. For your convenience, you may fax a copy back to our office for faster processing. Thank you.

Dr. Sandra G. Reyes, DDS
4854 E. Baseline Road, Ste 101
Mesa, Arizona 85206
Ph: (480) 654-1811
Fax: (480) 654-1040