

PHYSICIAN FORM FOR 2024-25 WINTER ADAPTIVE SEASON PASS / WINTER ADAPTIVE EQUIPMENT APPLICATION

To be completed by Physician and included with 2024-25 Winter Adaptive Season Pass / Winter Adaptive Equipment Application

Physician's Name:	State Reg #
Facility/Group Name:	Degree:
Address:	Office Phone Number:
City:	State: Zip:
I verify that all information stated is true: Physician's Signature:	Date:

Patient's Name: _____

I. Please indicate primary diagnosis below with your initials & comments:

___ Blind: Legally blind (20/200 in the good eye) to totally blind. Individuals with one good eye are not candidates.

Physician diagnosis is required.

Does patient require a companion/guide at all times while Skiing or Snowboarding? (Circle One) Yes No

If yes, describe the reason companion/guide is required _____

___ Amputations: Any single or combination of hand, arm, foot, leg amputations.

Does patient require Adaptive Equipment? (Circle One) Yes No

What kind of equipment is needed? _____

___ Deaf: Individuals who wear two hearing aids or are profoundly deaf in both ears. A hearing loss of 35 decibels or more in both ears is considered Deaf. This pass is for individuals that use sign language or lip reading as a primary form of communication.

If Patient is Deaf, what is the decibels loss? _____

___ Cognitive Disabilities: A mental impairment that affects the ability to process information and/or coordinate and control the body, which limits the individual's ability to navigate the mountain safely and independently. (e.g. Severe Cognitive impairments, Autism, Down Syndrome, TBI- traumatic brain injury that results in severe cognitive impairments. An IEP is required for children with cognitive disabilities.) Individuals that are on social security disability will be reviewed case by case.

What is the impact of the disability on the patient's ability to ski or snowboard (as applicable)? _____

___ Physical Disabilities: Any individual with a permanent physical disability that requires adaptive equipment or adaptive ski technique. Having a disability or illness alone does not qualify for an adaptive pass. Individuals that are on social security disability will be reviewed case by case.

Does patient require Adaptive Equipment? (Circle One) Yes No

If yes, what kind of equipment is needed _____

II. Describe how this patient is qualified to receive a Winter Adaptive Season Pass. What special considerations are required?

Daily Ticket prices for Adaptive Tickets varies by season. Please call 801-536-5786 for pricing