



Rocky Mountain Rescue Dogs, Inc. Medical Evaluation

TO: Board of Directors
Rocky Mountain Rescue Dogs, Inc.
1042 E Fort Union Blvd. #334
Midvale, UT 86047
(Please mail upon completion)

DATE: _____

CRITERIA FOR EVALUATION:

Any condition that requires medical attention that would be aggravated or worsened by strenuous physical activity and at high altitudes. (i.e. hypertension, angina, history of cardiac problems, chronic back condition, significant mental illness, etc..)

I find _____ in **good** physical condition for performing strenuous physical activity as found in search and rescue work. Comments: _____

I find _____ in **poor** physical condition for performing strenuous physical activity as found in search and rescue work because of _____

This condition can or cannot (circle one) be treated to allow strenuous physical search and rescue work. The handler will have to have an acceptable medical evaluation before returning or becoming an active handler.

(M.D.)
Signed: _____

(Handler)
Signed: _____

Please print Doctor name and address:

Name: _____
Street: _____
City, State, Zip Code: _____

Please print handler name and address:

Name: _____
Street: _____
City, State, Zip Code: _____