



Physicians Disability Verification Form

2305 Mt. Werner Circle, Steamboat Springs, CO 80487 Phone:

970-871-5256

Attn: Merchant Pass/Ticket Office

The below mentioned patient has requested a refund on their ski pass due to medical reasons. Please complete this form and return to **merchantpass@steamboat.com**. This form will not be accepted if hand delivered by the patient. Thank you for your cooperation.

Patient Name: _____

Date of accident or onset of symptoms: _____

Date first examined for this condition: _____

Diagnosis (please explain in as much detail as possible): _____

I verify that my patient’s injury is season ending as of...Date: _____

If refund request is for pregnancy, please list date pregnancy was first verified by physician.

Date: _____

If season ending date is different from dates of accident and initial examination, please explain below.

Remarks/Additional Comments: _____

Print Physician’s Name	Physician’s Signature	License #	Date
Address	City	State	Zip
		Phone	Fax

I authorize my physician to release the above information to the Steamboat Ski & Resort Corporation.

Patient Signature Date

All information requested above, i.e. date of injury, symptoms, license #, etc., must be completed in order for your patients refund request to be processed. Forms that are not completed properly will be returned to the physician for completion.