


**WASHINGTON HIGH SCHOOL PATRIOT BANDS
SCHEDULE (as of February 11, 2025)**

Ms. Hazlett - LHazlett@k12.wv.us Mr. Holmes – matthew.holmes@k12.wv.us
 Booster Email – washingtonpatriotsband@gmail.com
 Booster Webpage - www.patriotsbandboosters.org Facebook Page – Washington Patriots Band

FRI, FEB 14 -2025 Marching Show Ideas are due to Ms. Hazlett. Email links to LHazlett@k12.wv.us
SAT, FEB 15 -**Jazz at Wildwood MS Jazz Café** (advance tickets are \$10 and \$15 at door) 
 *Holmes Jazz Band reports by 8:30a
 *Hazlett Jazz Ensemble reports by 9:00a
 *Other performances start at 9a and feature bands like Shepherd University Jazz
 *Breakfast foods, snacks and drinks will be available

SAT, MAR 1 -**EASTERN REGIONAL JAZZ FESTIVAL** at JHS (mandatory for jazz students)
 *Students who need to pick up equipment at WHS must meet the directors there at 12p.
 These same students are all responsible for returning equipment back to school.
 *Entrance to JHS is on the tennis court side of the building.
 *Holmes Jazz meets at JHS by 1pm, warm up is 1:30p and performance is 2p.
 *Hazlett Jazz meets JHS by 2:40p, warm up is 3:10p and performance is 3:40p.
 *Event is free and open to the public. Festival runs from 8:30a-5:30p.

MON, MAR 3 -Jazz Ensemble rehearsal at St. James the Greater 3:15-6p in Sanctuary. Equipment help is needed (stands, amps, drumset, piano, etc.)

TUE, MAR 4 -**JAZZ ENSEMBLE AT ST. JAMES THE GREATER CARNEVALE - free to the public!**
 *Report by 6p, Performance at 7p, Dessert Party after concert

TUE, MAR 4 -Band Booster Meeting 7p

MAR 5-8 -**WVMEA ALL-STATE CONFERENCE/ALL-STATE BAND IN CHARLESTON, WV**
 *All-State Band/Orchestra students leave March 5 in afternoon (more info coming)
 *Hazlett's Jazz Ensemble AND Hazlett's Wind Ensemble leave March 6 in morning from school (more info coming!) Students will travel via charter bus and return on Saturday, March 8.

<p><u>Color Guard Auditions 3-5p</u> March 11, 12, 13 March 18, 19, 20</p>	<p><u>Drumline/Pit Auditions 3-5p</u> March 11, 12, 13 March 25, 26</p>	<p><u>Jazz Auditions 3-5p</u> March 27 Audition music will be available after March 12.</p>
<p><u>Color Guard Rehearsals 3-5</u> April 8, 9, 10 May 20, 22</p>	<p><u>Drumline/Pit Rehearsals 3-5p</u> April 1, 3 April 22, 23 May 13, 15 May 20, 22 (with full band)</p>	

WED, MAR 26 -**WVSSAC CONCERT BAND FESTIVAL** at Musselman Middle School (during school day)

TUE, APR 1 -**NEW PARENT MEETING** and Band Booster Meeting 7p in the WHS Auditorium
*This is for new families for all of our ensembles (marching band, color guard, drumline, pit, jazz band, jazz ensemble)

TUE, APR 8 -REGISTRATION PAPERWORK FOR 2025-2026 IS DUE TO THE WHS BAND ROOM .

TUE, APR 29 -2024-25 Marching Patriots Rehearsal 3-5p
WED, APR 30 -CONCERT BAND AND WIND ENSEMBLE CONCERT 7P
THU, MAY 1 -2024-25 Marching Patriots Rehearsal 3-5p
THU, MAY 1 -First day students may have physicals for the 2025-2026 band and sport season
SAT, MAY 3 -APPLE BLOSSOM GRAND FEATURE PARADE in Winchester, VA

TUE, MAY 6 -Band Booster Meeting 7p
WED, MAY 7 -JAZZ AND PERCUSSION ENSEMBLE CONCERT 7P
THU, MAY 8 -Band Banquet 6p at WHS

TUE, MAY 13 -2025-26 Marching Patriots Rehearsal for woodwinds, brass and percussion 3-5p
WED, MAY 14 -Drum Major Auditions for 2025-26 school year. Info will be available at end of April
THU, MAY 15 -2025-26 Marching Patriots Rehearsal for woodwinds, brass and percussion 3-5p

TUE, MAY 20 -2025-26 Marching Patriots Rehearsal for woodwinds, brass, percussion and guard 3-5p
THU, MAY 22 -2025-26 Marching Patriots Rehearsal for woodwinds, brass, percussion and guard 3-5p

SUN, JUN 1 -BAND PERFORMANCE AT CLASS OF 2025 GRADUATION at Shepherd University
TUE, JUN 3 -Band Booster Meeting 7p

The dates below are for your planning. Rehearsals and other performances will be added. Our after-school marching band rehearsals will be Tuesdays and Thursdays after school from 3-5p.

JUL 7-JUL 18, 2025 -Summer Sectionals at WHS
JUL 20-25 and JUL 27-AUG 1 -Mandatory Marching Band Camp dates
SAT, AUG 16 -JC AFRICAN-AMERICAN CULTURAL AND HERITAGE FESTIVAL PARADE
MON, AUG 18 or TUE AUG 19 -JC FAIR PERFORMANCE (evening)

FRI, SEP 5 -HOME GAME – WHS Football v. Hedgesville HS
FRI, SEP 12 -HOME GAME – WHS Football v. Liberty HS (Maryland)
FRI, SEP 19 -HOME GAME – WHS Football v. Bishop O’Connell HS (Virginia)
FRI, OCT 10 -HOME GAME – WHS Football v. Southern HS (Maryland) - Potential Homecoming Game
FRI, OCT 31 -HOME GAME – WHS Football v. Musselman HS
FRI, NOV 7 -HOME GAME – WHS Football v. Jefferson HS
SAT, SEP 27 -Martinsburg Band Competition
SAT in OCT -James Madison U Parade of Champions Band Competition
SAT, OCT 18 -Apple Harvest Festival Grand Feature Parade
SAT, MAY 2, 2026 -Apple Blossom Grand Feature Parade

If you have a student in any of our ensembles, YOU ARE A WHS BAND BOOSTER!
Our band booster meetings are traditionally the first Tuesday of every month unless it is a school holiday.
Please share this information with any Class of 2029 students (current 8th graders) so they can plan.



2025-2026

Registration, Health & Handbook Form

STUDENT INFORMATION

First Name	Middle Name	Last Name	Grad Year	Gender
Student Street Address			City and State	Zip
Student Home Phone ()	Student Cell Phone ()	Student Email Address	Adult T-Shirt size: S M L XL 2XL 3XL	

PARENT / GUARDIAN INFORMATION

Parent/Guardian 1		Parent/Guardian 2	
Home Phone ()	Work Phone ()	Home Phone (if different) ()	Work Phone ()
Cell Phone ()	Other Phone ()	Cell Phone ()	Other Phone ()
Parent/Guardian 1 E-Mail Address		Parent/Guardian 2 E-Mail Address	

BAND PARTICIPATION

WHS Ensemble	Instrumentation for WHS Ensembles	
<input type="checkbox"/> Marching Band	WRITE Marching Instrument:	<input type="checkbox"/> I own it <input type="checkbox"/> Requesting a loaner, if available. Repairs are student responsibilities.
<input type="checkbox"/> Concert Band and Wind Ensemble	WRITE Concert Instrument:	<input type="checkbox"/> I own it <input type="checkbox"/> Requesting a loaner, if available. Repairs are student responsibilities.
<input type="checkbox"/> Jazz Band/Ensemble (by audition)	WRITE Jazz Instrument:	<input type="checkbox"/> I own it <input type="checkbox"/> Requesting a loaner, if available. Repairs are student responsibilities.

PHYSICIAN INFORMATION

Student's Physician Name	Office Phone ()	Emergency Phone ()	
Address	City	State	Zip

INSURANCE INFORMATION

Insurance Carrier Name	Policy Number
Employer Name (only if group insurance policy)	Employer Address (only if group insurance policy)

SPECIAL SITUATIONS / CONDITIONS

Special Dietary Needs
Physical, Mental or Emotional Conditions

HEALTH INFORMATION

Health History	Diseases	Allergies	Cross off medications you DO NOT want your student to take
<input type="checkbox"/> Frequent ear infections <input type="checkbox"/> Heart Defect/Disease <input type="checkbox"/> Convulsions <input type="checkbox"/> Diabetes <input type="checkbox"/> Blood/Clotting Disorder <input type="checkbox"/> Hypertension <input type="checkbox"/> Mononucleosis <input type="checkbox"/> Sleep Walking <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> Chicken Pox <input type="checkbox"/> Measles <input type="checkbox"/> German Measles <input type="checkbox"/> Mumps <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> Hay Fever <input type="checkbox"/> Poison Ivy, etc. <input type="checkbox"/> Insect Stings <input type="checkbox"/> Penicillin <input type="checkbox"/> Asthma <input type="checkbox"/> Food _____ <input type="checkbox"/> Meds _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	Acetaminophen (Tylenol) Ibuprofen (Advil) Benadryl Antacid (Tums) Throat Lozenges Robitussin DM Benadryl anti-itch cream Triple Antibiotic Ointment _____ _____

25-26 Registration, Health & Handbook Form

MEDICATION AND PRESCRIPTION DRUGS

All medications and prescription drugs MUST meet the following guidelines:

- Medication must be in the original container and prescriptions must bear the pharmacy label showing the prescription number, date filled, prescribing physician's name, patient name, medication name, and directions for taking medication.
- All medications MUST be turned into the nurse or director upon arrival to camp or trip location. All medications will be stored and distributed by the nurse or authorized person as directed.

This band member takes NO medications on a routine basis.

This band member takes medication routinely. Include over-the-counter or non-prescription drugs.

Medication	Dosage	Time(s) Taken
Reason for taking / Diagnosis		
Notes		
Medication	Dosage	Time(s) Taken
Reason for taking / Diagnosis		
Notes		
Medication	Dosage	Time(s) Taken
Reason for taking / Diagnosis		
Notes		
List any medications taken during the school year that may not be taken during the summer.		

By signing below, you are indicating the following:

1. **IN CASE OF EMERGENCY** I understand every effort will be made to contact me or the person(s) named on this form. If I can't be reached, I hereby give permission to the medical personnel selected by the band director(s) to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for the student named on this Washington High School Band form.
2. We have read the Washington High School Instrumental Music Program Handbook (available online) and FULLY understand and FULLY agree to abide by the requirements to become and maintain membership as a band member at Washington High School.
3. The student will be prepared for all rehearsals and performances with all necessary equipment/uniform requirements.
4. The student named below will be PRESENT and POSITIVELY CONTRIBUTE during all practices and performances. Attendance alone does not grant full credit for rehearsals or class. We understand that tardiness, lack of positive participation and unexcused absences are all unacceptable. Practices and performances are graded.
5. We have received a copy of the summer and fall band schedule and understand the student's responsibility to be at ALL scheduled activities, rehearsals and performances. We understand they are ALL MANDATORY. We understand that these events which occur during the school calendar are graded. We understand absences from rehearsals and performances will negatively affect my student's grade.
6. We understand the student will be responsible for attending ALL rehearsals during the winter and spring months as outlined in new schedules as they are released prior to each season. We understand attendance and participation is mandatory.
7. We understand that any prior commitments that conflict with any band activity, rehearsal or performance will be brought to the attention of the band director(s) IMMEDIATELY upon the release/posting of any new or updated schedules. We will complete the Conflict Form and supply the band director(s) with a note or email outlining the conflict with dates and times and specific reasons why the conflict could not be resolved. Missed performances and rehearsals are zeros until students complete make up work.
8. We understand that the student and chaperones/parents/guardians/caregivers are representing Washington High School Band, Washington High School and Jefferson County Schools when the student is a member of the Patriots Band.

Parent or Guardian PRINTED Name

Student PRINTED Name

Date

Parent or Guardian Signature

Student Signature

2025-2026 Schedule Conflict Form



WHS Bands have a tradition of posting a detailed calendar far in advance so families can avoid conflicts with these school events. All students will submit this form.

Students are responsible for communicating our schedule with employers and any sponsors for WHS clubs/activities/sports and events outside of WHS. Our rehearsals and performances are graded.

Each band member has a unique placement and role in an ensemble and late-reported absences cause extra work for those in attendance and put absent students behind. We plan events and pay for transportation, competitions, etc. based on 100% attendance. Placements for leadership positions, jazz ensemble, wind ensemble, etc. is also based on your full participation. Student leaders with absences are at risk of losing leadership positions.

Conflicts/absences that arise after this schedule conflict form are submitted will be considered unexcused and will be handled on a case-by-case basis. We have a policy for school conflicts that has been in place since 2008 and has served students well.

STUDENT INFORMATION				
First Name	Middle Name	Last Name	Grad Year	Instrument/Section
CONFLICT INFORMATION				
<input type="checkbox"/> This band member does not have a conflict with the band calendar.				
<input type="checkbox"/> This band member has a conflict with the band calendar.				
Date of conflict	Name of band event			
Date conflict was known	Name of conflicting event			
Reason conflict could not be resolved				
Contact information: phone number / website information for conflict / name of sponsor or manager				
Date of conflict	Name of band event			
Date conflict was known	Name of conflicting event			
Reason conflict could not be resolved				
Contact information: phone number / website information for conflict / name of sponsor or manager				

 Parent or Guardian PRINTED Name Student PRINTED Name Date

 Parent or Guardian Signature Student Signature



BIGTEAMS STUDENT/PARENT ATHLETIC FORMS REGISTRATION GUIDE

This guide is intended for students and parents that have not yet logged into BigTeams for registration purposes.

<p>1. Get Started</p>	<p>Go to: https://studentcentral.bigteams.com/ and follow the next 2-5 steps as a student and as a parent in order to complete registration.</p> <p>STUDENT Two options: 1) Your school has already created an account for you. Attempt to sign in with your school email address and first time password: bigteams 2) Your school has not created an account for you. Click "Sign Up To Create New Account" and proceed through 5 step account creation process.</p> <p>PARENT Click "Sign Up To Create New Account" and proceed through 5 step account creation process.</p> <p>NOTE: Your login email address will need to be unique to your account and cannot be re-used. If you are a parent and also a staff member, you will need two accounts with two unique logins, one for being a parent and one for being a staff member.</p>
<p>2. Account Linking (My Profile -> Linked Accounts)</p>	<p>STUDENT SEND INVITATION Students should send linking invitation to their parent using the search "+ Link Parent Account" search options. If no results found, input parent's preferred email address or mobile number, and click Send Request. Proceed to Athletic Forms after sending linking request or wait to complete the form requirements with your linked parent after they accept the invite.</p> <p>PARENT RECEIVE INVITATION The invitation will show within the parent profile. The linking invitation is emailed/texted to the intended parent but does not require action in order to accept the invite. Simply sign in with the email address/phone number that your student invited you by going to your Linked Accounts section. Once linked with student proceed to next step.</p>
<p>3. EMERGENCY CONTACT (My Profile -> Emergency Contact)</p>	<p>*PARENT ONLY* Your school utilizes the Emergency Contact section to build reports for game/events. Be sure to input as much information as possible, clicking UPDATE at the bottom when complete. Relevant information will also carry over to digital forms saving you time when completing registration for your student(s). Once complete click Forms followed by Athletic Forms.</p>
<p>4. Complete Digital Forms (Forms -> Athletic Forms)</p>	<p>STUDENT Students can begin completing forms while logged into their own account by clicking Forms and then Athletic Forms. Students can also wait for their parents to accept the linking request before getting started. In the Linked Accounts section for parent accounts there is a "Sign In As" feature that will allow students to sign their forms while logged into the parent account.</p> <p>PARENT Once linked with your student(s), click Forms followed by Athletic Forms. From there, scroll down to your first student's form requirements. Once complete, all forms will either show a status of Complete, Pending Staff Approval, or Awaiting Athlete Signature. Need to help your student? Return to your Linked Accounts page after clicking My Profile to assist your student with their signature requirements. When all forms are complete/approved by your school, a notification will be sent to you stating all forms have been accepted. You will be notified via email and/or text message (if you have selected the text message option during account creation), if a form has been declined by your school. You will be sent a notification, in which you will be given the reason for denial and a link to review and resubmit your changes back to the school.</p>
<p>5. Approved Notification</p>	<p>**NEED ADDITIONAL ASSISTANCE?* Check out Self Help on site or visit our help website at: https://bigteams.my.site.com/support/s</p>

WEST VIRGINIA SECONDARY SCHOOL ACTIVITIES COMMISSION

2021

2875 Staunton Turnpike - Parkersburg, WV 26104

ATHLETIC PARTICIPATION/PARENTAL CONSENT/PHYSICIAN'S CERTIFICATE FORM

(Form required each school year on or after May 1st. File in School Administration Office)

ATHLETIC PARTICIPATION / PARENTAL CONSENT

PART I

Name _____ School Year: _____ Grade Entering: _____

Home Address: _____ Home Address of Parents: _____

City: _____ City: _____

Phone: _____ Date of Birth: _____ Place of Birth: _____

Last semester I attended _____ (High School) or (Middle School). We have read the condensed eligibility rules of the WVSSAC athletics. If accepted as a team member, we agree to make every effort to keep up school work and abide by the rules and regulations of the school authorities and the WVSSAC.

INDIVIDUAL ELIGIBILITY RULES

Attention Athlete! To be eligible to represent your school in any interscholastic contest, you:

- _____ must be a regular bona fide student in good standing of the school. (See exception under Rule 127-2-3)
_____ must qualify under the Residence and Transfer Rule (127-2-7)
_____ must have earned at least 2 units of credit the previous semester. Summer School may be included. (127-2-6)
_____ must have attained an overall "C" (2.00) average the previous semester. Summer School may be included. (127-2-6)
_____ must not have reached your 15th (MS), 19th (HS) birthday before August 1 of the current school year. (127-2-4)
_____ must be residing with parent(s) as specified by Rule 127-2-7 and 8.
_____ unless parents have made a bona fide change of residence during school term.
_____ unless an AFS or other Foreign-Exchange student (one year of eligibility only).
_____ unless the residence requirement was met by the 365 calendar days attendance prior to participation.
_____ if living with legal guardian/custodian, may not participate at the varsity level. (127-2-8)
_____ must be an amateur as defined by Rule 127-2-11.
_____ must have submitted to your principal before becoming a member of any school athletic team Participation/Parent Consent/Physician Form, completely filled in and properly signed, attesting that you have been examined and found to be physically fit for athletic competition and that your parents consent to your participation. (127-3-3)
_____ must not have transferred from one school to another for athletic purposes. (127-2-7)
_____ must not have received, in recognition of your ability as a HS or MS athlete, any award not presented or approved by your school or the WVSSAC. (127-3-5)
_____ must not, while a member of a school team in any sport, become a member of any other organized team or as an individual participant in an unsanctioned meet or tournament in the same sport during the school sport season (See exception 127-2-10).
_____ must follow All Star Participation Rule. (127-3-4)
_____ must not have been enrolled in more than (8) semesters in grades 9 to 12. Must not have participated in more than three (3) seasons while in grades 6-7-8. (Rule 127-2-5).
_____ qualify under homeschool rule. (Rule 127-2-3.11, 127-2-7.2k, 126-26-3.1.1k)

Eligibility to participate in interscholastic athletics is a privilege you earn by meeting not only the above listed minimum standards but also all other standards set by your school and the WVSSAC. If you have any questions regarding your eligibility or are in doubt about the effect any activity or action might have on your eligibility, check with your principal or athletic director. They are aware of the interpretation and intent of each rule. Meeting the intent and spirit of WVSSAC standards will prevent athletes, teams, and schools from being penalized.

PART II - PARENTAL CONSENT

In accordance with the rules of the WVSSAC, I give my consent and approval to the participation of the student named above for the sport NOT MARKED OUT BELOW:

- BASEBALL CROSS GOLF SWIMMING VOLLEYBALL
BASKETBALL COUNTRY SOCCER TENNIS WRESTLING
CHEERLEADING FOOTBALL SOFTBALL TRACK BAND

MEDICAL DISQUALIFICATION OF THE STUDENT-ATHLETE / WITHHOLDING A STUDENT-ATHLETE FROM ACTIVITY

The member school's team physician has the final responsibility to determine when a student-athlete is removed or withheld from participation due to an injury, an illness or pregnancy. In addition, clearance for that individual to return to activity is solely the responsibility of the member school's team physician or that physician's designated representative.

I understand that participation may include, when necessary, early dismissal from classes and travel to participate in interscholastic athletic contests. I will not hold the school authorities or West Virginia Secondary School Activities Commission responsible in case of accident or injury as a result of this participation. I also understand that participation in any of those sports listed above may cause permanent disability or death. Please check appropriate space: He/She has student accident insurance available through the school (); has football insurance coverage available through the school (); is insured to our satisfaction ().

I also give my consent and approval for the above named student to receive a physical examination, as required in Part IV, Physician's Certificate, of this form, by an approved health care provider as recommended by the named student's school administration.

I consent to WVSSAC's use of the herein named student's name, likeness, and athletically related information in reports of Inter-School Practices or Scrimmages and Contests, promotional literature of the Association, and other materials and releases related to interscholastic athletics.

I have read/reviewed the concussion and Sudden Cardiac Arrest information as available through the school and at WVSSAC.org. (Click Sports Medicine)

Date: _____ Student Signature _____ Parent Signature _____

PART III – STUDENT'S MEDICAL HISTORY
(To be completed by parent or guardian prior to examination)

Name _____ Birthdate ____/____/____ Grade _____ Age _____

Has the student ever had:

Yes No 1. Chronic or recurrent illness? (Diabetes, Asthma, Seizures, etc.)

Yes No 2. Any hospitalizations?

Yes No 3. Any surgery (except tonsils)?

Yes No 4. Any injuries that prohibited your participation in sports?

Yes No 5. Dizziness or frequent headaches?

Yes No 6. Knee, ankle or neck injuries?

Yes No 7. Broken bone or dislocation?

Yes No 8. Heat exhaustion/sun stroke?

Yes No 9. Fainting or passing out?

Yes No 10. Have any allergies?

Yes No 11. Concussion? If Yes _____
Date(s): _____

Yes No 12. Have any problems with heart/blood pressure?

Yes No 13. Has anyone in your family ever fainted during exercise?

Yes No 14. Take any medicine? List _____

Yes No 15. Wear glasses ____, contact lenses____, dental appliances____?

Yes No 16. Have any organs missing (eye, kidney, testicle, etc.)?

Yes No 17. Has it been longer than 10 years since your last tetanus shot?

Yes No 18. Have you ever been told not to participate in any sport?

Yes No 19. Do you know of any reason this student should not participate in sports?

Yes No 20. Have a sudden death history in your family?

Yes No 21. Have a family history of heart attack before age 50?

Yes No 22. Develop coughing, wheezing, or unusual shortness of breath when you exercise?

Yes No 23. (Females Only) Do you have any problems with your menstrual periods.

PLEASE EXPLAIN ANY "YES" ANSWERS OR ANY OTHER ADDITIONAL CONCERNS.

I also give my consent for the physician in attendance and the appropriate medical staff to give treatment at any athletic event for any injury.

SIGNATURE OF PARENT OR GUARDIAN _____ DATE ____/____/____

PART IV – VITAL SIGNS

Height _____ Weight _____ Pulse _____ Blood Pressure _____

Visual acuity: Uncorrected ____/____; Corrected ____/____; Pupils equal diameter: Y N

PART V – SCREENING PHYSICAL EXAM

This exam is not meant to replace a full physical examination done by your private physician.

Mouth:

Appliances Y N

Missing/loose teeth Y N

Caries needing treatment Y N

Enlarged lymph nodes Y N

Skin - infectious lesions Y N

Peripheral pulses equal Y N

Respiratory:

Symmetrical breath sounds Y N

Wheezes Y N

Cardiovascular:

Murmur Y N

Irregularities Y N

Murmur with Valsalva Y N

Abdomen:

Masses Y N

Organomegaly Y N

Genitourinary (males only):

Inguinal hernia Y N

Bilaterally descended testicles Y N

Any "YES" under Cardiovascular requires a referral to family doctor or other appropriate healthcare provider.

Musculoskeletal: (note any abnormalities)

Neck: Y N

Elbow: Y N

Knee/Hip: Y N

Hamstrings: Y N

Shoulder: Y N

Wrist: Y N

Ankle: Y N

Scoliosis: Y N

RECOMMENDATIONS BASED ON ABOVE EVALUATION:

After my evaluation, I give my:

_____ Full Approval;

_____ Full approval; but needs further evaluation by Family Dentist ____; Eye Doctor ____; Family Physician ____; Other ____;

_____ Limited approval with the following restrictions: _____;

_____ Denial of approval for the following reasons: _____.

MD/DO/DC/Advanced Registered Nurse Practitioner/Physician's Assistant

Date