


**Illness/Injury - You or Fam Member**

Patient Name: Leila Flanagan
Patient Address:
City:
State:
Medical Diagnosis: IBD-D
Date of Diagnosis: January 2023
Is this a pre-existing condition (Y/N): No
If yes, does the patient have new or worsening symptoms: yes
Treatment Dates: January 2023 to present
Do you recommend the patient not travel and/or perform physical activity for at least 30 consecutive days? Yes
If yes, please provide the dates of restriction for travel and/or physical activity: unable to use ski lift due to bowel movement unpredictability / frequency
Date: 04/05/2023
Physician's Name: Paul Parker MD
Physician's Signature: 
Street Address: 12 Burnett Court
City: Richmond
State: Vermont
Zip: 05477
Phone Number: 802 434 5090