



FAIRY FOUNDATION
MEDICAL ELIGIBILITY FORM – PART A

The purpose of the Fairy Foundation is to grant the wish of each adult, over the age of 18 that have been diagnosed with relapsed or refractory incurable malignant disease and have an associated life expectancy of less than 2 years at the time of referral to our organization. Patients do not need to be actively undergoing cancer related treatment and there are no limitations based on performance status, assuming the patient can safely partake in the requested activity.

The Fairy Foundation does not discriminate based on age, race, sex or type of malignancy. Individuals granted a Fairy Foundation Wish are entirely responsible for their safety and medical treatment during all Wish-related activities, and are encouraged to thoroughly discuss their medical condition prior to considering application, eligibility review, and Wish participation. At any time, the Fairy Foundation retains the right to disapprove a granted Wish if an individual’s safety is in question.

INSTRUCTIONS: This Medical Eligibility Form must be completed and signed by an authorized health care professional that has direct knowledge of the wish adult’s medical condition and faxed to 612-677-3257 or emailed to mission@fairyfoundation.org. Authorized health care professionals include licensed allopathic or osteopathic doctors of medicine, certified nurse practitioners and certified physician assistants.

This form is being signed in connection with a wish that may be granted by the Fairy Foundation for:

Adult’s Name (“Patient”): _____

Patient’s Date of Birth: _____

Patient’s Qualifying Condition: _____

ICD-10 code: _____

Patient’s Physician: _____

Patient’s Physician Phone Number and Email: _____

Please indicate your eligibility determination by checking the appropriate box.

PATIENT IS ELIGIBLE. I am familiar with patient’s physical condition and certify that at the time of referral the patient has been diagnosed with relapsed or refractory incurable malignant disease and have an associated life expectancy of less than 2 years. By way of contrast, illnesses that are static or stable do not typically qualify.

PATIENT IS NOT ELIGIBLE. I am familiar with patient’s physical condition and certify that the patient is not medically eligible at this time.

Authorized Health Care Professional's Signature

Title

Authorized Health Care Professional's Printed Name

Date