



*The purpose of the Courag"EOS"™ Capes program is to provide every child and adult living with an Eosinophilic Disorder with a cape to honor their bravery in the face of medical challenges.*

## Medical Eligibility Form

**This form is used to determine medical eligibility for the Courag"EOS"™ Capes Program**

**INSTRUCTIONS:** This form must be signed by an authorized health care provider who has direct knowledge of the applicant's medical condition and returned to the address below. Authorized health care professionals include licensed doctors of medicine and certified nurse practitioners.

### Part 1 – To be completed by Applicant

Applicant's Name (patient): \_\_\_\_\_

Applicant's Date of Birth: \_\_\_\_\_

Parent/Legal Guardian's Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address \_\_\_\_\_

Cape Size/Color:  Sidekick in Black  Sidekick in Pink  Hero in Black  Hero in Pink  
*Sizing Information: Sidekick Cape: 22 inches long Hero Cape: 30 inches long*

### Part 2 – To be completed by authorized health care professional

**Please indicate your eligibility determination by checking the appropriate box.**

**APPLICANT IS ELIGIBLE** – I am familiar with the applicant's medical history and certify that the patient has been diagnosed with an Eosinophilic Disorder. Please specify: \_\_\_\_\_

**APPLICANT IS NOT ELIGIBLE** – I am familiar with the applicant's medical history and certify the patient is not medically eligible for this program.

\_\_\_\_\_  
Authorized Health Care Professional's Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Authorized Health Care Professional's Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Health Care Professional's Phone Number

When completed, please return to:  
Eosinophilic Family Coalition  
P.O. Box 112234  
Cincinnati, OH 45211

*Please allow 10-15 business days for shipment of your Courag"EOS"™ Cape. Cape delivery is based on funding availability.  
Please visit [www.eoscoalition.org](http://www.eoscoalition.org) for more details*