



PHYSICIAN MEDICAL RELEASE FORM - CF SPRING RETREAT

Medical Guidelines and Disclaimers for People with Cystic Fibrosis (CF): In order to ensure your health and safety during CFRI's CF Spring Retreat ("Retreat"), the following medical requirements and guidelines must be observed.

- ◆ **Individuals with CF must have a signed physician medical release in order to attend.**
- ◆ Due to cross-infection risks to others with CF, individuals with the following may NOT attend the Retreat:
 - Those who have EVER cultured organisms belonging to *Burkholderia cepacia* complex;
 - Those who have cultured Methicillin-Resistant *Staphylococcus aureus* (MRSA) within the past 12 months;
 - Those who have cultured *Nontuberculous mycobacteria* (NTM) within the past 12 months;
 - Those who currently culture positive for any pandrug resistant (PDR) bacteria (bacterial isolates non-susceptible to all agents in all antimicrobial categories) or extensively drug resistant (XDR) bacteria that remain susceptible to only one category of antimicrobials (does not apply to XDR isolates remaining susceptible to two or more categories of antimicrobials).

CFRI is very strict about this policy because bacteria can be transmitted through casual contact or close proximity to infected individuals, and may cause serious respiratory illness, rapid lung function decline, possibly leading to death. We maintain strict on-site hygiene guidelines. While this reduces the risk of cross-infection, there is still a possibility that a person may attend with one or more of these pathogens, and thus there remains risk of cross-infection.

- ◆ **TO ATTEND THE RETREAT, YOU MUST HAVE COMPLETED A SPUTUM/SINUS/THROAT CULTURE BETWEEN FEBRUARY 27, 2026 AND MARCH 24, 2026 so as to have a final report by April 3, 2026.**
- ◆ All cultures must be taken at a CFF-Accredited CF treatment center laboratory. If you are hospitalized after submitting your culture, you must arrange for another culture report to be done at discharge or shortly thereafter.
- ◆ If you have had a **lung transplant**, this Medical Release Form must be submitted to CFRI based on your most recent bronchoscopy, sputum culture, sinus swab or throat swab.
- ◆ If you are actively ill (e.g., with an increased cough, or any infection), do not attend, due to the risk of infection to others with CF and organ transplants.
- ◆ **CFRI cannot guarantee a Retreat free of risk for cross-infection for viruses or pathogens.** We urge you to discuss cross-infection with your physician and decide for yourself if you should attend CFRI's Retreat.

Attendee First and Last Name: _____ Date of Birth: _____

Physician Name: _____ CF Clinic: _____

Physician Address: _____

City, State, ZIP Code: _____

Telephone: (_____) _____ Fax: (_____) _____

PHYSICIAN: PLEASE READ AND SIGN

My patient has had a sputum/sinus/throat culture done on (date) _____ including *Burkholderia cepacia* specific media.

I have reviewed this culture result and declare that my patient _____

- has never cultured organisms belonging to *Burkholderia cepacia* complex;
- has not cultured Methicillin-Resistant *Staphylococcus aureus* (MRSA) within the past 12 months;
- has not cultured *Nontuberculous mycobacteria* (NTM) within the past 12 months;
- and does not currently culture positive for any pandrug resistant (PDR) bacteria (bacterial isolates non-susceptible to all agents in all antimicrobial categories) or extensively drug resistant (XDR) bacteria that remain susceptible to only one category of antimicrobials (does not apply to XDR isolates remaining susceptible to two or more categories of antimicrobials).

I have cautioned my patient regarding the risks and dangers associated with transmission of viruses and bacteria (and in particular *Burkholderia cepacia*) when associating with other people with cystic fibrosis. I understand that all Retreat attendees must attest that they have received all COVID-19 vaccines for which they are eligible, and that the wearing of masks at the Retreat will be strongly encouraged, but not mandatory.

☐ I recommend the following physical restrictions on this patient: _____

☐ No physical restrictions.

Physician Signature

Print Name

MD License #

Date

**CFRI must receive a complete and signed Medical Release for ALL participants with CF by email, fax or USPS
no later than April 3, 2026 to attend the Retreat.**

Please send completed Medical Release form to:

Cystic Fibrosis Research Institute (CFRI) • 1731 Embarcadero Rd, Suite 210 • Palo Alto, CA 94303

OR Email: cfri@cfri.org OR Fax: 650-561-4074