



Alpine Canada Alpin MEDICAL EVALUATION

ATTACH
PHOTO
HERE

1. ATHLETE INFORMATION

- a) Name: _____
(Surname) (Given Name)
- b) Date of Birth: _____
(Month) (Day) (Year)
- c) Gender: Male _____ Female _____
- d) Ski Club: _____
- e) Provincial Ski Organization: _____

2. MEDICAL HISTORY (attach additional pages if necessary)

- a) Family History: _____

- b) Past Medical / Surgical History (include dates of surgeries and names of Physicians): _____

- c) Immunizations (including DPT/TD, Hep A and B, Flu): _____

3. SUMMARY OF PRESENT MEDICAL STATUS (attach additional pages if necessary)

- a) Physical Examination: _____

- b) Biomechanical Examination (include musculoskeletal exam, joint ROM, alignment): _____

- c) Gender / Reproductive Health: Healthy Male _____ Healthy Female _____
- d) Vision: _____
(Note: It is recommended that athletes seek to have a Sport Vision Assessment)

4. SUMMARY OF MEDICAL CONCERNS AND ACTION PLAN (attach additional pages if necessary)

I hereby certify that this athlete is physically able to participate in all aspects of Alpine Ski Racing.

Physician's Signature

Date

Physician's Name (please print)

Telephone