



Alpine Canada Alpin MEDICAL EVALUATION



Please attach a photo of the athlete with the completed form

1. ATHLETE PERSONAL INFORMATION

Name _____ Date Of Birth (d/m/y): _____
(SURNAME, First Name)

Sex: Male Female

Provincial Health Card Number: _____

Please list any other health insurance coverage you carry: _____

Club Name: _____

Provincial Ski Organization: _____

2. MEDICAL HISTORY (attach additional pages if necessary)

Family History: _____

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

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

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

Physical Examination: _____

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

Gender / Reproductive Health: Healthy Male _____ Healthy Female _____

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

PLEASE ATTACH ANY ADDITIONAL INFORMATION