



ALPINE CANADA

**Alpine Canada
MEDICAL EVALUATION**

Please attach a photo of the athlete with the completed form

1. ATHLETE PERSONAL INFORMATION

Name _____ Date Of Birth (dd/mm/yy): _____ Sex: M F
(SURNAME, First Name)

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

**** If you get injured during the season ask your coach about the Athlete Injury Survey. If you have a FIS card talk to your coach about Single Penalty Status.**