



**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