



Alpine Canada Alpin Medical Evaluation

*Please attach a passport style photo with the completed form.

1. ATHLETE PERSONAL INFORMATION

Name: _____ Date of Birth (DD/MM/YYYY): _____ Sex: M F

Surname, First Name

Provincial Health Care Number: _____

Additional health care coverage you carry, if any;

Club Name: _____

Provincial Ski Organisation: _____

2. MEDICAL HISTORY (Attach additional pages if required)

Family History:

Past medical/surgical history (include dates of surgeries and physicians name):

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

3. PRESENT MEDICAL STATUS (Attach additional pages if required)

Physical Examination:

Biomechanical Examination (includes, 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 required)

I hereby certify that this athlete is physically able to participate in all aspects of alpine and/or ski cross racing.

Physicians Signature

Date

Physicians Name (please print)

Telephone

PLEASE ATTACH ANY ADDITIONAL INFORMATION

*** If you are injured throughout the season please inquire with your coach in relation to the FIS single penalty application process.*