

Alpine Canada Alpin Suite 302, 151 Canada Olympic Road S.W. Calgary, AB, T3B 6B7 T: 403-777-3200 E: info@alpinecanada.org

## Alpine Canada Alpin Medical Evaluation

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

Name:		Sex: M F
Surname, First Name		
Provincial Health Care Number:		
Additional health care coverage you carry, it	f any;	
Club Name:		
Provincial Ski Organisation:		<del></del>
2. MEDICAL HISTORY (Attach addition	al pages if required)	
Family History:		
Past medical/surgical history (include dates	s of surgeries and physicians name):	
Immunizations (DPT/TD, Hep A and B, Flu):		
3. PRESENT MEDICAL STATUS (Attac	ch additional pages if required)	
Physical Examination:		
Biomechanical Examination (includes, mus-	culoskeletal exam, joint ROM, alignmo	ent):
Gender/Reproductive Health:	Healthy Male:	Healthy Female:
Vision:	, <u> </u>	-



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4. SUMMARY OF MEDICAL CONCERNS AND ACTION	ON PLAN (Attach additional pages if required)
I hereby certify that this athlete is physically abl cross racing.	e to participate in all aspects of alpine and/or ski
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.