



## Alpine Canada Alpin

### MEDICAL EVALUATION

#### 1. ATHLETE INFORMATION:

- a) Name: \_\_\_\_\_  
(Surname) (Given Name)
- b) Date of Birth: \_\_\_\_\_  
(Month) (Day) (Year)
- c) Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

#### 2. MEDICAL HISTORY:

- a) Family History: \_\_\_\_\_  
\_\_\_\_\_
- b) Past Medical History: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- c) Past Injuries (include dates of surgeries and names of Physicians: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### 3. PRESENT MEDICAL STATUS:

- a) Physical Examination: \_\_\_\_\_  
\_\_\_\_\_
- b) Biomechanical Examination: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### 4. MEDICAL CONCERNS:

\_\_\_\_\_  
\_\_\_\_\_

*I hereby certify that this athlete is physically able to participate in all aspects of Alpine Skiing.*

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician's Name (please print)

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Address (number, street, City, Province, Postal Code – or apply stamp here)

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### GENDER CERTIFICATION

#### 1. Athlete Information:

- a) Name: \_\_\_\_\_  
(Surname) (Given Name)
- b) Date of Birth: \_\_\_\_\_  
(Month) (Day) (Year)
- c) Ski Club: \_\_\_\_\_
- d) Provincial Ski Association: \_\_\_\_\_

#### 2. Physician and Athlete Declaration:

*I hereby acknowledge that, based upon physical examination, this athlete is female.*

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician's Name (please print)

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Address (number, street, City, Province, Postal Code – or apply stamp here)

\_\_\_\_\_  
Athlete's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
National Team Physician's Signature  
(Canadian Alpine Ski Team members only)

\_\_\_\_\_  
Date

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