



**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.

## 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;

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Club Name: \_\_\_\_\_

Provincial Ski Organisation: \_\_\_\_\_

## 2. MEDICAL HISTORY (Attach additional pages if required)

Family History:

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

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

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

Physical Examination:

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Biomechanical Examination (includes, musculoskeletal exam, joint ROM, alignment):

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Gender/Reproductive Health: \_\_\_\_\_ Healthy Male: \_\_\_\_\_ Healthy Female: \_\_\_\_\_

Vision: \_\_\_\_\_

*Note, it is recommended that athletes seek to have a sport vision assessment*



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**4. SUMMARY OF MEDICAL CONCERNS AND ACTION PLAN** (Attach additional pages if required)

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*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.*