



MEDICAL EVALUATION FORM

ATTACH
PHOTO
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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

- 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 Ski Cross Racing.

(Physician's Signature) (Date)

(Physician's Name Printed) (Telephone)