

Student Medical Information & Examination Form

Once your application is received we need you to download and have your physician complete this medical form and fax it to us at **1 403 678 4450** or mail it to: **Yamnuska Mountain Adventures 200, 50 Lincoln Park, Canmore, Alberta, T1W 3E9, Canada**. We can also fax or mail this form to you if you are unable to download it.

To the applicant and examining Physician: This applicant will be involved in a physically and mentally demanding mountain skills course of up to three months in duration, in both Winter and Summer conditions. Failure of health in this environment could seriously jeopardize the participants.

Applicant Information:

Name: _____ Birth Date: D ___ M ___ Y _____

Height: _____ Weight: _____

<u>HEALTH HISTORY</u>			<u>COMMENTS</u>
CV Dis (ischaemic, arrythmia)	<input type="checkbox"/> yes	<input type="checkbox"/> no	
Neurological Dis (epilepsy)	<input type="checkbox"/> yes	<input type="checkbox"/> no	
Respiratory Dis (asthma)	<input type="checkbox"/> yes	<input type="checkbox"/> no	
Metabolic Dis (diabetes)	<input type="checkbox"/> yes	<input type="checkbox"/> no	
Past Hx of frostbite	<input type="checkbox"/> yes	<input type="checkbox"/> no	
Past Hx of knee injury	<input type="checkbox"/> yes	<input type="checkbox"/> no	
Past Hx of neck or back injury	<input type="checkbox"/> yes	<input type="checkbox"/> no	
Allergies	<input type="checkbox"/> yes	<input type="checkbox"/> no	
Psychiatric Dis	<input type="checkbox"/> yes	<input type="checkbox"/> no	
Alcohol use	<input type="checkbox"/> yes	<input type="checkbox"/> no	
Non prescription drug use	<input type="checkbox"/> yes	<input type="checkbox"/> no	
Medications	<input type="checkbox"/> yes	<input type="checkbox"/> no	
Other significant disorders	<input type="checkbox"/> yes	<input type="checkbox"/> no	

DETAILS OF ANY YES ANSWERS AND HOW THEY MIGHT IMPAIR THE PARTICIPANT:

<u>PHYSICAL EXAMINATION</u>			<u>COMMENTS</u>
Cv system	<input type="checkbox"/> normal	<input type="checkbox"/> abnormal	
Musc. / skeletal system	<input type="checkbox"/> normal	<input type="checkbox"/> abnormal	
Nervous system	<input type="checkbox"/> normal	<input type="checkbox"/> abnormal	
Respiratory system	<input type="checkbox"/> normal	<input type="checkbox"/> abnormal	

Semester Applicant Medical form

GI system	<input type="checkbox"/> normal	<input type="checkbox"/> abnormal	
Auditory acuity	<input type="checkbox"/> normal	<input type="checkbox"/> abnormal	
Visual Acuity (with correction)	<input type="checkbox"/> normal	<input type="checkbox"/> abnormal	

DETAILS OF ANY YES ANSWERS AND HOW THEY MIGHT IMPAIR THE PARTICIPANT:

HEALTH EVALUATION

Is the participant fit for the course? yes no

Comments:

EXAMINING PHYSICIAN NAME:

ADDRESS:

PHONE:

EMAIL:

PHYSICIAN'S SIGNATURE: _____ **DATE:** _____

YAMNUSKA OFFICE USE ONLY

Received Date: Checked by: Call Physician? yes no Date:

Call Student? yes no Date:

Comments: