



PHYSICAL EXAMINATION FORM

Part 1: Applicants Self Declaration to be completed by the Competitor:

Name: _____ Age: _____
Address: _____ Postal Code: _____
City/Province: _____ Gender: M [] F []
Date of Birth: D: _____ M: _____ Y: _____ Height: _____ Weight: _____

Part 2: Applicants Medical Self-Declaration

Have you been treated for, have you ever had, or have you now, any of the following: Yes, responses should be detailed on a separate sheet or the reverse of this page.

Table with 3 columns: Conditions, Yes, No. Rows include: Frequent or severe headaches, Unconsciousness for any reason, Dizziness or fainting spells, Epilepsy or Seizures, Heart Trouble (Coronary Artery Disease or Angina, Valve disease, Abnormal Cardiac Rhythms), High Blood Pressure, Psychiatric/Mental Health Problems, Operation(s) involving Eyes, Brain, Heart, Nerves, Blood Vessels, or Bones, Allergies, Eye trouble (except for glasses), Asthma, Diabetes, Anemia, or other blood diseases including abnormal bleeding, Admission to a hospital in the past 12 months, Amputations and/or Physical disability, Previous denial(s) from CASC due to a medical reason(s), Date of last Tetanus Shot.

List all Medications (include dosage and frequency taken):

Part 3: Applicants Declaration :

- 1. I declare that the information regarding my present state of health, given to the examining physician is correct.
2. I agree to be re-examined as follows:
a. Upon the expiration of my current medical as required by the current competition rules.
b. Following any significant illness, injury or hospitalization.
3. I give permission to any hospital, institution, or physician, to furnish my medical information to CASC Ontario Region.

Signed: _____

Date: M _____ D _____ Y _____

Signature of Parent/ Guardian if applicant is under the age of majority: _____