



#18 255 Anderton Ave. Courtenay BC Canada V9N 2G9  
Phone: 1 250 702-7548 Fax 1 250 338-5510 Email: info@section8ski.com

**Medical Form**

The purpose of this form is to properly prepare guides, coaches, and program staff. It is also necessary to meet the requirements of our liability insurance. Information revealed on this form will be confidential and will not be used to deny access to the program.

Participants Name: \_\_\_\_\_ Course Date : \_\_\_\_\_

Full Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Date of Birth (D/M/Y): \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Doctor's Phone Number: \_\_\_\_\_

BC Care Card Number (for residents of BC only): \_\_\_\_\_

Medical Insurance Provider: \_\_\_\_\_ Number: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Please list any diet restrictions (eg. Non-dairy, vegetarian, no nuts etc.): \_\_\_\_\_

Please indicate any known allergies: \_\_\_\_\_

What triggers your reaction? \_\_\_\_\_

Have you ever been hospitalized due to a reaction? \_\_\_\_\_

What, if any, Medication do you carry for your allergy? \_\_\_\_\_

How do you respond to your medication? \_\_\_\_\_

What is the expiry date of your medication? \_\_\_\_\_

Do you wear a Medic alert tag? If yes, where? \_\_\_\_\_

Date of last Tetanus Inoculation or Booster(D/M/Y): \_\_\_\_\_

Will you be taking any prescription or non prescription drugs during the program? If yes, what drugs?  
\_\_\_\_\_

Do you experience any chronic medical conditions? Please explain: \_\_\_\_\_  
\_\_\_\_\_

Have you been under a doctors care in the last 12 months? If yes, for what reason? \_\_\_\_\_

Do you have a history of joint problems (tendonitis, bursitis, sprains, dislocations etc)? \_\_\_\_\_

Please describe your (circle appropriate answers):

Eyesight:     -Excellent     -Good     -Fair     -Poor     -Glasses     -Contact Lenses     -Laser Eye Surgery

Hearing:     -Excellent     -Good     -Fair     -Poor     -Require Electronic Hearing Aid

Physical Condition:     -Excellent     -Good     -Fair     -Poor

Do you have any physical limitations that could affect your participation in the course activities?

If yes, please explain: \_\_\_\_\_

Do you feel you have any psychological limitations that could limit your participation in the program?

If yes, please explain: \_\_\_\_\_

List any past injuries or other factors that may affect your participation: \_\_\_\_\_

**Emergency Contacts:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Alternate: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Alternate: \_\_\_\_\_

I have completed this medical form accurately, truthfully, and to the best of my knowledge as of today's date. I understand that it is my responsibility to inform Section 8 Snowsport Institute of any new medical condition or change to this information before my program begins. I recognize that falsification or omission of information is grounds for removal from the course.

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_