

Certificate of Health to compete in International Snowsports

1. Introduction

This document certifies that the athlete named below is fit to take part in International snowsports and that the athlete has had an appropriate evaluation of their medical health by a qualified medical practitioner. The practitioner who has carried out the evaluation should sign the form signifying that the information below is accurate to the best of their belief. We would recommend that an athlete takes part in cardiac screening (see note below).

GB Snowsport (GBS) is required by the International Ski Federation (FIS) to ensure the fitness of athletes before granting them a FIS Licence. The completed form should be scanned or photographed and emailed to fislicence@gbsnowsport.com. The information contained on this form will be kept on a secure cloud infrastructure and will be available ONLY to the GBS admin team responsible for processing FIS Licences, and to the GBS Medical staff if required.

2. Athlete personal details

Surname	
Given name	
Date of Birth	
Gender	
FIS Number (if existing licence holder)	

3. Medical History Disclosure

	YES	NO
Do you smoke?		
Do you drink alcohol? How many units per week?		
Are you taking any regular medications? Details: Condition medication required:		
Do you have any allergies? Details:		
Have you had any reactions to medicines or foods? Details:		



	YES	NO
Prescription glasses? Eye or visual problems? Colourblindness?		
Have you suffered from serious concussions? If Yes, please give dates/details:		
Have you suffered from any of the following conditions:		
Giddiness or loss of balance?		
Fainting or blackouts?		
Convulsions, fits or epilepsy?		
Severe depression?		
Mental illness?		
Abnormal blood test?		
High Blood Pressure		
Have you had an ECG (heart tracing)? Any cardiac screening?		
Is there any history of sudden death in the family that may have been cardiac related?		
Have you ever had discomfort in your chest with exertion?		
Do you get shortness of breath on exertion?		
Have you been diagnosed with Asthma? If yes, what medications do you take?		
Have you suffered from any of the following conditions:		
Pneumothorax?		
Joint/bone injury?		
Back pain/injury?		
Foot pain or abnormality?		
Diabetes?		
Blood disease or bleeding problem?		
Please list any Surgical Operations you have undergone? Details:		
Are you awaiting any test results, follow-up consultations, treatment or investigations?		
Have you ever been diagnosed with cancer? Details:		
Are you currently under the care of a consultant, GP, or other health professional?		

I certify that this information is true to the best of my knowledge, and I hereby give Dr _____ permission to give medical opinion as to my fitness (or temporary or permanent) unfitness to participate in snowsports. I also authorise him/her to obtain or supply medical information regarding me to other doctors as may be necessary for medical purposes in my personal interest.

I understand that I must notify GBS immediately if any of these details change.

Signed: _____ Date: _____



Medical Examination:

Height:

Weight:

Blood pressure:

Pulse:

Urinalysis: _____ Protein: _____ Glucose: _____

Chest examination: _____

CXR result (N/A unless had previously): _____

Spine (scoliosis/kyphosis): _____

Results of ECG:

NB Subsidised ECG screening is available for all young people (14 to 35) through the CRY charity. <http://www.c-r-y.org.uk/cardiac-screening/>

It is not expected that Medical Practitioners will conduct an ECG examination as part of this routine health check, although all licensed athletes are advised that they should undergo ECG testing.



Statement of Health for International Snowsports

This section to be completed by the Medical Practitioner:

This is to certify that I have today interviewed and examined:

Name:

Address:

Date of Birth:

I confirm that the answers he/she has listed on page one of this document are correct to the best of my knowledge. Based on my examination (which did / did not include an ECG, delete as appropriate), and the answers given by _____ (the Applicant), I can find no reason to suggest that he/she is not fit to compete in snowsports.

Signature of Medical Practitioner: _____

Name: _____

Date: _____

Practice Address: _____

Practice Stamp:

To be completed by the Applicant:

Please sign your name against those statements that do, and delete those that do not, apply:

	Please sign here
I understand the health risks that I may encounter in competitive snowsports	
I also understand that the Medical Practitioner's recommendation herewith is based, at least in part, upon the disclosure of my medical history	
I accept responsibility and liability for health risks associated with my participation in snowsports, including those that are due to or influenced by any change in my health and / or a failure to disclose any existing or past health conditions to the Medical Practitioner	

Signed: _____

Name: _____ Date: _____

