

Medical Self-Declaration

Part 1: Applicants' Information:

Name:				Age:		
Address:				Postal Code:		
City/Province:				Gender:	M <input type="checkbox"/>	F <input type="checkbox"/>
Date of Birth:	D:	M:	Y:	Height:	Weight:	
Wears Glasses: Yes No						

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.

Conditions:	Yes	No
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		
Currently on Blood Thinner Medication		
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		
Any history of drug or alcohol abuse		
Been diagnosed with obstructive sleep apnea or narcolepsy		
Amputations and/or Physical disability		
Previous denial(s) from any sanctioning body, past or present due to medical reasons		
Date of last Tetanus Shot.		

List all Medications (include dosage and frequency taken):

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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 undertake not to use any substance included on the World Anti-Doping Agency list of prohibited substances and methods, which can be found here <https://www.wada-ama.org/en/content/what-is-prohibited>
3. I undertake to advise Sports Development Group (GDS) with delay of any significant change in my state of health
4. 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.
5. I give permission to any hospital, institution, or physician, to furnish my medical information to GDS or Sports Development Group.

Applicant Signature: _____ Date M _____ D _____ Y _____

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

_____ Date M _____ D _____ Y _____