CANADIAN BOATING FEDERATION NAUTIQUE DU CANADA

Tel : (450) 377-4122, E-MAIL CBFNC@CBFNC.CA

PHYSICAL EXAMINATION FORM FOR C.B.F.

NAME :______________________________ NICKNAME :______________________

ADDRESS :____

CITY :______________________________ PROVINCE :______________________

CODE :______________________________ PHONE :_________________________

DATE OF BIRTH :__________________ AGE :________ LAST MEDICAL RECORD :__________

BLOOD TYPE :______________ ALLERGY TO DRUGS :__________________________

DIVISION :__________________ CLASS :________________ YEARS OF EXPERIENCE :______

IN CASE OF EMERGENCY NOTIFY :____

PHONE :____

MEDICAL HISTORY :		Yes	No
1-	Heart Disease___________________	θ	θ
2-	Diabetes___________________	θ	θ
3-	High Blood Pressure___________________	θ	θ
4-	Epilepsy (Seizure) ___________________	θ	θ
5-	Psychiatric Problems ___________________	θ	θ
6-	Vertigo, Dizziness ___________________	θ	θ
7-	Fainting Attacks ___________________	θ	θ
8-	Aocoho0lism or Drug Addiction ___________________	θ	θ
9-	Allergies ___________________	θ	θ
10-	Do You Take Any Medication ___________________	θ	θ
11-	Any Surgery in Last 3 Years ___________________	θ	θ
12-	Any Other Medical Conditions Not Mentioned Above ___________	θ	θ

If answer to any of above items is « YES » explain below :

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STATEMENT OF APPLICANT : DATE :____________

I hereby certify that all statements provided by me are complete and true. If you make a false statement regarding your medical, you will become liable for your actions, consequences of this will be judiciary repercussions, especially, if for say, you are involved in an accident

.

I further agree not to operate a Racing Boat during periods of a known Medical Deficiency that would make me unable to meet the requirements of C.B.F, Medical Certification.

Applicant's Signature______________________________ Witness ______________________________

Height________ Weight________ Color of hair_________ Color of eyes_________ Pulse_________ Pressure_______

Identification Marks or Scars____

	Normal	Abnormal	Elaborate on Each Abnormal Response
General Appearence	θ	θ	______________________________
ENT, Sinuses	θ	θ	______________________________
Neck (Mobility)	θ	θ	______________________________
Lungs & Chest	θ	θ	______________________________
Heart & Viscular	θ	θ	______________________________
Abdomen &Viscera	θ	θ	______________________________
Genito-Urinary	θ	θ	______________________________
Locomotor & Spine	θ	θ	______________________________
Extremities	θ	θ	______________________________
Neurological	θ	θ	______________________________
Mental Status	θ	θ	______________________________
Urinalysis	θ	θ	______________________________
ECG or Stress Test if coronoropathie	θ	θ	______________________________
Vision (Fundi)	θ	θ	______________________________

Glasses : Yes _______ No _______

Contact Lenses : Yes________ No_______

SURGERY LASIK ________ PRK _______ LASER ________

Comments : Do you recommend further examination or other tests YESθ NOθ

If YES : Please write on your letter-head the recommendations.

CERTIFICATION :

The candidate is physically and psychologically to be able to drive a racing boat in competition at high speed

NAME :_______________________________________ is qualified YES θ NO θ

Physician's Stamp :

Physician's License No. :_________________________

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Physician's signature