Medical Self Declaration

Part 1: Applicants' Information:

Name: Age:

Address: Postal Code:

City/Province: Gender: M ☐ F ☐

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	○	○
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 ASN 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.

Applicant Signature: _____ Date M ____ D ____ Y ____

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

_____ Date M ____ D ____ Y ____