



Orange County Chapter
The Achievers
"If I can do this, I can do anything!"

Participant Physician Evaluation

Today's Date: _____

Participant's Name: _____
Last First

Birthdate: _____ Age: _____

Address: _____ Zip _____
Street City

Phone: _____ Phone and contact
for emergencies: _____

Diagnosis:

Allergies

Medication

Surgery

Current Medical Problems

Current Treatment

Precautions for High Altitude Recreational Skiing

I agree that this person may participate in a handicapped ski program.

Physician's Signature: _____