



TWO SECTIONS ONE TO BE COMPLETED BY THE EMPLOYEE, THE OTHER BY A MEDICAL DOCTOR.

Employment in Tremblant Snow School is conditional upon the satisfactory completion of this medical exam. At Station Mont Tremblant we respect your privacy. Any personal information you submit on your application will only be used to consider you for the employment with Station Mont Tremblant or other division of Intrawest. **Instructors which were in function last season must only complete the first section.**

EMPLOYEE SECTION: NAME : _____ FIRST NAME: _____

1) As a gliding sport professional, are you able to (when skiing) give a full lesson in a snow plough position or to (when snowboarding) give a full lesson standing up for a duration between 1h½ to a full day and this according to your offer of service schedule? **Yes** **No**

2) Have you ever had a surgery, medical treatment, are you pregnant or are you expecting medical treatment or surgery in the near future which can have an incidence on your capabilities to exercise the required moves and tasks needed for an instructor? (Ex. : knee surgery, lumbar dysfunction, etc.) **No** **Yes**

If **yes**, specify and have a medical report completed by a practitioner which indicates your level of recovery.

3) Are you occasionally or regularly consulting a sport therapist or any other medical specialist? **No** **Yes**
 If yes, to which frequency? (2x. week) _____
 For which type of injury? _____

4) Have you ever competed? **No** **Yes**
 At which level: _____

What type? **Ski** / **Snowboard**
Race / **Rider or skier-cross** / **Park** / **Moguls** / **Aerials** / **Other** specify : _____

5) When teaching skiing or snowboarding, specify what you find the most difficult in relation to your functions ?

- a) **Cold, rain, storms**
- b) **Stress Management**
- c) **Type of clients.** Specify _____
- d) **Duration of lesson.** Specify _____
- e) **Work assignment (frequency)**
- f) **Other (s).** Specify _____

All new employees need to have a medical doctor perform the medical exam in the section below. It is conditional to hiring.

I confirm that all information in the present application form is complete, in conformity and is true. I understand that a false declaration will lead to a rejection of my functions or immediate termination of employment. If my employer request, I accept to undergo the company medical exam, from which success must be meet to be remain an instructor for Tremblant Snow School.

Employee signature : _____ Date : _____

***** **MEDICAL DOCTOR SECTION:** Doctor, please evaluate the above mentioned candidate in order to determine if he fulfils the physical requirements of ski / snowboard instructor position.

CHECK CORRESPONDING BOX TO DETERMINE THE PHYSICAL REQUIREMENTS

<i>No Limitations</i>	<i>Some limitations</i>	<i>limitations</i>	<i>For information this candidate will have to (physical requirements):</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Carry out frequent movements of inflection, extension or torsion of the lumbar column even of low amplitude
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Remain up right more that 60 minutes
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Make snow-plough (wedge position) for a duration of a lesson ranging from 1 hour to a full day according to their assignation and level of student
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Carry out movements with extreme amplitudes of the articulations (knees)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Swivel on the lower limb
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Undergo by-effects with the spinal column and the articulations

Moreover, in your report, please indicate to us if we must respect functional limitations or if movements connected to the position of ski / snowboard instructor on snow represents a physical health risk for this candidate and indicate here beside, your observations based on the above criteria's and any other elements for this candidate physical requirements:

- No restrictions**
- Some restrictions: please specify** _____

- Candidate does not meet physical requirements** _____

Medical exam date: _____, 200__

Medical doctor (print) : _____

Doctor's practice number (mandatory): _____

Signature: _____