



**THE NATIONAL
SKI ASSOCIATION OF**

SURNAME

CHRISTIAN NAME

DATE OF BIRTH

HOME ADDRESS

SIGNATURE

TWO
PASSPORT
PHOTOGRAPHS

**TO BE COMPLETED BY A NATIONAL FEDERATION APPOINTED DOCTOR OR SPECIALIST
ONLY**

HEIGHT

WEIGHT

CONFIGURATION

INSPECTION

SIGNED

NAME OF DOCTOR OR SPECIALIST (IN CAPITALS)

BLOOD PROFILE
TESTOSTERONE
(Result attached):
Normal / Abnormal

SIGNED

NAME OF DOCTOR OR SPECIALIST (IN CAPITALS)

SEX CHROMATIN / KARYOTYPE: normal female / abnormal

SIGNED

NAME OF DOCTOR OR SPECIALIST (IN CAPITALS)

THE ABOVE NAMED HAS BEEN EXAMINED ACCORDING TO THE FIS GUIDELINES AND IS
ELIGIBLE TO COMPETE IN FEMALE EVENTS.

NAME OF NATIONAL CHIEF MEDICAL ADVISER (IN CAPITALS)

SIGNED

DATE

