



## Participant's Physician Statement

If we currently have a form on file that is less than 5 years old please fill in the bottom section only. OG requires that this form be filled out if there are any significant medical changes with the rider.

Participant's Full Name: \_\_\_\_\_

D.O.B.: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Cervical X-Ray for Atlantoaxial Instability: Must be filled in if the Participant has Down Syndrome or applicable. (Please put N/A in the blanks if non-applicable.)

X-Ray Date: \_\_\_\_\_ Results: \_\_\_\_\_

Curvature of the Spine: Must be filled in if the Participant has a severe curvature of the spine.

Degree of the spine curvature: \_\_\_\_\_

I, \_\_\_\_\_, the physician of the above stated participant, give medical clearance for this patient to participate in Equine assisted Therapeutic Riding with Opening Gaits Therapeutic Riding Society of Calgary.

\_\_\_\_\_  
Physician signature

\_\_\_\_\_  
Date

**Office Use Only :** Date Received: \_\_\_\_\_

**This form shall remain valid for five years from the signature date unless the medical status of the participant changes.**

Opening Gaits has a completed physician form on file for \_\_\_\_\_.

\_\_\_\_\_  
Signature of Rider/Guardian

\_\_\_\_\_  
Date