

Medical History

If there is not enough space available for any question please continue your answer on a separate sheet. Please complete with the assistance of your doctor. This form must be sent with your application form.

Full name

Date of birth

Do you have any record of broken bones,
serious muscle/ligament or spinal injuries?Yes No
If yes, please give details dates & details of treatment

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Do you have any record of serious diseases,
blood disorders or heart conditions, e.g. polio,
rheumatic fever, glandular fever, diabetes?Yes No
If yes, please give details

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Do you have any record of hay fever, eczema,
allergies or skin conditions?Yes No
If yes, please give details

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Do you have any record of any serious operations?Yes No
If yes, please give details

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Have you any history of migraine, black outs,
epilepsy or asthma?Yes No
If yes, please give details

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Have you any history of depression, anxiety states
or other nervous disorders?Yes No
If yes, please give details

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Are you currently taking any medication or drugs?Yes No
If yes, please give details

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Do you have any record of eating disorders?Yes No
If yes, please give details

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Are there any other relevant medical details
not covered by the previous questions?Yes No
If yes, please give details

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Declaration

I declare that, to the best of my knowledge, the information given in this medical form is complete and correct.

Signature of Applicant:

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Date

Signed by the Parent/Guardian if under 18 years

Signature of Parent / Guardian:

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Date

For your present doctor to complete

Doctor's name

Address

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Postcode

Telephone number

This is to certify that the above named is a patient of mine and he/she is fit and well. He/she has no injury, illness or medical condition, which should prevent him/her from undertaking full-time dance training.

Signed:

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Date

Doctors stamp: