



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 and details of treatment _____

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 _____

Do you have any record of hay fever, eczema, allergies or skin conditions? Yes No

If yes, please give details _____

Do you have any record of any serious operations? Yes No

If yes, please give details _____

Have you any history of migraine, black outs, epilepsy or asthma? Yes No

If yes, please give details _____

Have you any history of depression, anxiety states or other nervous disorders? Yes No

If yes, please give details _____

Are you currently taking any medication or drugs?

Yes

No

If yes, please give details _____

Do you have any record of eating disorders?

Yes

No

If yes, please give details _____

Are there any other relevant medical details not covered by the previous questions?

Yes

No

If yes, please give details _____

Declaration

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

Signature of Applicant

Date

Signed by the Parent/Guardian if under 18 years

Signature of Parent / Guardian

Date

For your present doctor to complete

Doctor's name

Address

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

Doctors stamp

Date