



MEDICAL FORM 20 ____

This form must be returned with the Application Form

Please tick the appropriate boxes

3 Year Musical Theatre & Dance Performing Arts

3 Year Dance & Teacher Training Course

It is important that the college is aware of the past and present medical history of our students for the sake of their health and safety. We therefore require all applicants to complete this form with the assistance and in the presence, of their doctor.

PERSONAL INFORMATION

Name of Candidate: _____

Address: _____

_____ Post Code: _____

Home Tel: _____ Mobile Tel: _____

Email: _____

NOTIFICATION OF ANY MEDICAL CONDITIONS

1. Record of broken bones, joints or spine disorders and details of treatment: _____

2. Record of serious disease, blood disorders or heart conditions, eg Diabetes: _____

3. Describe any record of Hay Fever, Eczema, allergies or skin conditions: _____

4. Describe any eye or ear problems: _____

5. Describe any serious operations that you have had: _____

6. Have you any history of Migraine, Faints, Blackouts, Epilepsy or Asthma? _____

7. Have you had any reaction to drugs? If so, which? : _____

8. Are you currently taking any medication or drugs? If so, state for what condition and the drugs that you are taking? _____

9. Is there any history of depression, anxiety states or other nervous disorders? _____

10. Do you have any record of an eating disorder? If so, please describe: _____

11. Do you have either dyslexia/dysphasia or any form of learning disability? If so, please state: _____

12. Are there any other medical conditions, not listed that could affect your training? _____

DECLARATION

I declare that to the best of my knowledge the information given in this Medical Form is complete and correct.

Signature of Candidate

Signature of Parent/Guardian

Date

DOCTOR'S INFORMATION (This must be completed by your Doctor)

Doctor's Name: _____ Doctor's Surgery: _____

Address: _____

_____ Post Code: _____

Tel: _____ Email: _____

DOCTOR'S DECLARATION

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.

Signature of Doctor

Date

OFFICIAL STAMP