

# The College of Dance

## MEDICAL QUESTIONNAIRE (2)

1. Please describe any record of broken bones, joints or spinal injuries you may have had with dates and details of treatment:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. Please describe , giving dates, any record of serious disease, blood disorders or heart conditions, e.g. glandular fever, diabetes, rheumatic fever, polio:  
\_\_\_\_\_  
\_\_\_\_\_
3. Describe any record of hay fever, eczema, allergies or skin conditios:  
\_\_\_\_\_  
\_\_\_\_\_
4. Describe any serious operations you may have had:  
\_\_\_\_\_  
\_\_\_\_\_
5. Describe any record of eye or ear problems:  
\_\_\_\_\_  
\_\_\_\_\_
6. Have you had any history of migrane, blackouts, epilepsy or asthma? If so please state with relevant details and dates:  
\_\_\_\_\_  
\_\_\_\_\_
7. Have you had any history of depression, anxiety or other nervous disorders? If so please state with relevant dates:  
\_\_\_\_\_  
\_\_\_\_\_
8. Are you currently taking any medication or drugs? If so please state for what condition and the drugs you are taking:  
\_\_\_\_\_  
\_\_\_\_\_
9. If yes to question 8, is the medication prescribed by your doctor?  
\_\_\_\_\_  
\_\_\_\_\_
10. Do you have a record of weight problems? If so please describe with relevant dates:  
\_\_\_\_\_  
\_\_\_\_\_
11. Please state any other relevant medical details not covered by question 1 - 10:  
\_\_\_\_\_  
\_\_\_\_\_

Doctors Name and Address:  
\_\_\_\_\_

Note: In students own interest the College may require further medical details to clarify any queries arising.

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

Signed by applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signed by Parent / Gaurdian: \_\_\_\_\_