**Medical Health Form**

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| **Full Name** |  |
| **Date of Birth** |  |
|  | |
| **Medical History** | |
| 1) Please list any medical conditions you have: may include asthma, allergies, diabetes, heart conditions, high or low blood pressure etc. |  |
| 2) List all medications that you take. We recommend that you bring what you may need or a written prescription from your doctor. |  |
| 3) Do you smoke? |  |
| 4) List any allergies |  |
| 5) List any physical or dance related problems you have including injuries, bone, joint, or muscular disorders, etc. |  |
| 6) Have you ever been hospitalised? If so, please list the date and reason for hospitalisation. |  |
| 7) Have you been diagnosed with mental health issues that Danceworks should be aware of. |  |
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| **Doctor Information** | |
| Please list the name of your doctor and contact details: |  |

I confirm that the above information listed in this health form is true and correct.

Full Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_