



## 2019 Intake Audition Application: Confidential Medical Information

This section **MUST** be completed by a General Practitioner. This completed form must be forwarded to NAISDA along with all audition documentation.

NAISDA Dance College offers only full-time dance courses that are strenuous on the body. NAISDA collects medical information to assess and minimise the risk of serious injury occurring during study. All disclosed medical information will only be accessed by relevant NAISDA staff and treated as strictly confidential.

**Applicant Name:** \_\_\_\_\_

**Medical Practitioner's Name:** \_\_\_\_\_

**Medical Practitioner's Signature:** \_\_\_\_\_

**Date of Examination:** \_\_\_\_\_ 2018/2019

**Practitioner Stamp**

Has the applicant suffered from any muscular-skeletal injuries within the past 3 years? Please list and describe including any treatment undergone.

Has the applicant had any minor or major surgeries in the past 3 years? Please list and describe below.

Do you believe that the applicant would be able to withstand the physical rigors of elite dance training?

Is there a history of any of the following? (please tick)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Eating Disorders          | <input type="checkbox"/> Anxiety                     | <input type="checkbox"/> Depression              |
| <input type="checkbox"/> Self Harm                 | <input type="checkbox"/> Allergies                   | <input type="checkbox"/> Asthma                  |
| <input type="checkbox"/> Dependence on Medications | <input type="checkbox"/> Dependence of Drugs/Alcohol | <input type="checkbox"/> Cardiovascular Problems |

Please explain:

Please provide any additional medical history relevant to this application: