TERTIARY DANCE COUNCIL: PERSONAL STATEMENT

NAME:	GENDER: Male / Female
ADDRESS:	
GENERAL H	EALTH:
• Heigl	ht: cms Weight: kgs
• Do yo	ou have any current medical problems? Yes \square No \square If yes, what?
1.	
2.	
Do yo1.	ou take any regular medications? Yes \square No \square If yes, what? State name and dosage.
2.	
Are th	nere any reasons which you know of that would prevent you from participating fully in the se? Yes No If yes, what?
2.	
·	ou a smoker? Yes No Syou any past medical problems? Have had / Do you have? (When?) No Yes No Heart or blood pressure problems Diabetes Epilepsy Glandular Fever (when) Chronic fatigue syndrome (when) Any ongoing long-term illness. If yes, what?
Do you ha	ave / Have you sustained?
Yes	No ☐ Fracture? Where (when):
•	orthotics in your street shoes?
Yes	No

INJURIES:

Date of injury: Incident: Date of injury: Incident: Any residual problems? 4. Injury: Incident: Date of injury: Incident: Any residual problems? HISTORY: State the forms of dance you learn / have learnt (including form of classical - e.g.: R/Cecchetti, CSTD): Age started: Grade: Hrs/week: Age started: Grade: Hrs/week:	irijui y				
Any residual problems? 3. Injury: Incident: Incident: Any residual problems? 4. Injury: Incident: Incident: Any residual problems? E HISTORY: State the forms of dance you learn / have learnt (including form of classical - e.g.: RACecchetti, CSTD): Age started: Grade: Hrs/week: Age started: Grade: Hrs/week:		ate of injury:			
Any residual problems? 3. Injury: Incident: Incident: Any residual problems? 4. Injury: Incident: Incident: Any residual problems? E HISTORY: State the forms of dance you learn / have learnt (including form of classical - e.g.: RACecchetti, CSTD): Age started: Grade: Hrs/week: Age started: Grade: Hrs/week:	2. Injury:_				
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Date of injury: Incident: Any residual problems? HISTORY: State the forms of dance you learn / have learnt (including form of classical - e.g.: RACCecchetti, CSTD): Age started: Grade: Hrs/week: Age started: Grade: Hrs/week:	D: Ai	ate of injury: ny residual probler	ms?	_ Incident:	
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				, <u>-</u>	-
		Age	e started:	Grade:	
Do you work <i>en pointe</i> ? Yes □ No □		Age Age Age	e started: e started: e started:	Grade:	Hrs/week: _
Do you work <i>en pointe</i> ? Yes \square No \square At what age did you commence pointe work ?	Do you wo	Age Age Age ork <i>en pointe</i> ? Ye	e started: e started: e started: e started:	Grade: Grade: Grade:	Hrs/week: Hrs/week:
At what age did you commence pointe work ?	Do you wo	Age Age ork <i>en pointe</i> ? Ye	e started: e started: e started: e started:	Grade: Grade: Grade:	Hrs/week: Hrs/week:
At what age did you commence pointe work?	Do you wo At what ag	Age Age ork <i>en pointe</i> ? Ye ge did you comme	e started: e started: e started: s In No In Ince pointe wo	Grade: Grade: Grade: Grade:	Hrs/week: Hrs/week: Hrs/week:
At what age did you commence pointe work?	Do you wo At what ag	Age Age ork <i>en pointe</i> ? Ye ge did you comme	e started: e started: e started: s In No In Ince pointe wo	Grade: Grade: Grade: Grade:	Hrs/week: Hrs/week: Hrs/week:
	Do you wo At what ag	Age Age ork <i>en pointe</i> ? Ye ge did you comme	e started: e started: e started: s In No In Ince pointe wo	Grade: Grade: Grade: Grade:	Hrs/week: Hrs/week: Hrs/week: