



Midlands Academy of Dance & Drama

MEDICAL INFORMATION

Name.....Email.....

Address:

.....Post Code.....

Home Telephone.....Mobile.....

1. Have you had any serious illness in the last 3 years e.g. Glandular Fever, Hepatitis?.....Yes/No

2. Do you have any Disabilities e.g. Dyslexia?Yes/No

3. Have you ever had any broken or fractured bones?.....Yes/No

4. Have you any eye or ear problems?.....Yes/No

5. Do you suffer from Asthma or Migraines?Yes/No

6. Have you had any major operations?.....Yes/No

7. Have you had any condition requiring treatment by an osteopath?.....Yes/No

8. Are you allergic to anything?Yes/No

9. Do you have any blood conditions e.g. diabetes, anaemia etc?.....Yes/No

10. Do you have any other medical conditions we should be aware of? If so, please state.....

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11. Please give the full name, address & telephone number of your present doctor

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If the answer to any of the above questions is **YES**, please give as many details as possible below, stating dates, treatment received, attending doctor/s and names of hospitals where applicable:-

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(Information on this form will not be used to preclude applicants from auditioning)