NEW ZEALAND SCHOOL OF DANCE
Kia kōrero te katoa o te tinana

NEW ZEALAND SCHOOL OF DANCE MEDICAL FORM

To be completed by a registered medical practitioner preferably familiar with the applicant's case history. A parent or guardian must countersign this form if the applicant is under the age of 18.

Name: _____

Date of Birth: _____ Age: _____ Male ☐ Female ☐ Other ☐

As part of our commitment to student support and wellbeing, the information collected from this questionnaire will help best assist us to provide adequate support and resourcing to the applicant, should they be accepted into the School. It is important that the applicant discloses any relevant information to ensure the safety and wellbeing of themselves and other students.

Please complete the questions truthfully, and where necessary, kindly include any accompanying documentation, letter from doctor/support team, etc.

1. How long has the applicant been your patient? _____
2. Does the applicant have or has the applicant ever had any of the following?
   (please tick appropriate boxes)

	Yes	No	Year		Yes	No	Year
Epilepsy	☐	☐	_____	Concussion	☐	☐	_____
Diabetes	☐	☐	_____	Heart Problems	☐	☐	_____
Hernia	☐	☐	_____	Asthma/Bronchitis	☐	☐	_____
Glandular Fever	☐	☐	_____	Chronic Fatigue Syndrome	☐	☐	_____
Hepatitis A	☐	☐	_____	Covid	☐	☐	_____
Hepatitis B	☐	☐	_____	Post Covid Symptoms	☐	☐	_____

If yes to any of the above, please describe ongoing symptoms, treatments, findings, health concerns or medications required by the applicant for this condition:

_____

_____

_____

3. Does the applicant have any eye concerns / problems? Yes ☐ No ☐ If yes, please describe:

_____

_____

- Does the applicant wear glasses? Yes ☐ No ☐
- Does the applicant wear contact lenses? Yes ☐ No ☐

4. Does the applicant have any hearing concerns / problems? Yes ☐ No ☐ If yes, please describe:

_____

_____

5. Does the applicant smoke or vape? Yes ☐ No ☐

6. Does the applicant have or has the applicant ever had any of the following?
(please tick appropriate boxes)

	Yes	No		Yes	No		Yes	No
Anxiety	☐	☐	Bipolar	☐	☐	Other	☐	☐
ADD / ADHD	☐	☐	Depression	☐	☐			

If yes to any of the above, what treatment has been offered?

_____

_____

_____

_____

7. Does the applicant have any allergies to the following items:

	Yes	No	If yes, please list medication or indicate reactions:
Food	☐	☐	_____
Medicine	☐	☐	_____
Pollen	☐	☐	_____
Dust mites	☐	☐	_____
Bees/Insects	☐	☐	_____
Epipen for allergies	☐	☐	_____

8. Has the applicant ever had any muscular and/or skeletal problems: Yes ☐ No ☐ If yes, please describe in more detail:

_____

_____

_____

_____

9. Physical Examination:

	Normal	Abnormal	Comments:
Ears /Nose /Throat	☐	☐	_____
Respiratory	☐	☐	_____
CVS	☐	☐	_____

Abdomen	☐	☐	_____
Spine	☐	☐	_____
Extremeties	☐	☐	_____
Skin	☐	☐	_____
Neurological	☐	☐	_____
Behavioural	☐	☐	_____
Urinalysis	☐	☐	_____

Height (cm): _____ Weight (kgs): _____ B/P: _____

10. Does the applicant follow any dietary practices or eating approaches such as or similar to:

Intermittent fasting	Yes	☐	No	☐	Other: _____
Low-carb diet	Yes	☐	No	☐	_____
Calorie tracking	Yes	☐	No	☐	_____
Vegan / Vegetarian	Yes	☐	No	☐	_____

11. On average, how many meals does the applicant eat each day? _____
12. On average, how many snacks does the applicant eat each day? _____
13. Outside of regular dancing routine, does the applicant participate in other forms of exercises or sport, including gym, walking and running? _____

_____

_____

_____

Are there, or has there been any concerns regarding eating behaviours: _____

_____

_____

_____

(References: Heijura et al 2018; 4 Mallison et al 2014; O'Donnell et al 2004; Tornberg et al 2017)

Menstrual status in females is a sensitive and objective indicator of Low Energy Availability and is linked to the clinical outcome of imparied bone health and potential stress fractures – RED-S (Relative Energy Deficiency Syndrome).

Extensive scientifici literature demonstrates adverse health outcomes of a low oestrogen state in terms of impared bone, cardiovascular and neuromuscular function.

It is therefore of utmost importance for the health team at NZSD to be aware of the menstrual status of applicant, to optimise wellbeing and the ability to cope with the intensive physical demands of full-time training.

14. Menses history

- At what age did the applicant start menstruating? _____
- Do they have regular cycles? Yes ☐ No ☐ If not, how long ago was their last period?

_____

- In the past three years, have they had any episodes without a period for 3 months or more: Yes ☐ No ☐
- On average, over the past three years, how many periods did they have a year? _____
- Do they take any medication to regulate their cycles? Yes ☐ No ☐
- Do they take any medications to control painful cycles? Yes ☐ No ☐

Please describe any findings or health concerns or conditions that may require treatment:

_____

_____

_____

_____

15. Have you, as the medical assessor ever had any concerns with this patient about risks such as self harm or suicide? If yes, what treatment has been offered.

_____

_____

_____

_____

Are you aware of any medical condition or injury that may impair the applicant's ability to complete a professional dance course?

_____

_____

_____

_____

16. Name of medical assessor:

Date of assessment: _____ Phone (bus): _____

Qualification: _____

Address: _____

Email: _____

Signed: _____

DISCLAIMER

I understand that the results of this examination, may be discussed by the above-signed medical practitioner with the staff undertaking the auditions for the New Zealand School of Dance

Applicant's signature: _____ Date: _____

Parents /Guardian's signature: _____ Date: _____

(Required only if applicant is under the age of 18 years)

Only the medical officer and relevant staff of the New Zealand School of Dance will see this confidential document.