

Address Doctor/ Clinic:

Dance Medical Report

Consulting Date:

Family Name:

First Name(s):

Date of birth:

Height (cm):

Weight(kg):

Medication:

RR:

Heart rate:

Eye glasses:

	YES	NO	COMMENT/EXPLANATION
Scoliosis			
Pelvic Tilt			
Genu valgum			
Genu recurvatum			
Pes planus			
Pes cavus			
<u>Ankle Joint:</u> Dorsal flexion > 25° Plantar flexion > 80°			
MTP 1 Dorsal flexion > 80°			

	RIGHT	LEFT	COMMENT/EXPLANATION
Hip Outer Rotation (0° Flexion)			

This is to certify that the above mentioned is physically fit and suitable for full-time study of dance/ballet. There are no health contraindications.

Date, Doctor's Signature

Stamp

Further comments: