

Health certificate

The Professional Dancers Education

Name:

Personal number:

Length:

Weight:

1. Do you have any disease or disability that affects the body's mobility? For example, injuries or problems with the legs, knees, back, feet, muscles or joints that may cause difficulties in participating in daily dance training?

2. Have you had any heart and / or vascular disease, such as stroke (cerebral haemorrhage, blood clots in the brain), angina, myocardial infarction, disturbances of the heart rhythm, impaired flap function, or other cardiovascular disease?

3. Do you have any diagnosis, illness or condition that requires regular medication or treatment?

4. Do you have any allergies?

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BALETTAKADEMIEN

STOCKHOLM

5. Have you, or have had, anorexia / bulimia or other eating disorders?

6. Is there anything else you think we should know about you at the school? _____

I certify that I have stated truthful information.

Place and date:

Signature