

**HEALTH SCREENING / EMERGENCY CONTACT
2011-2012**

Thank you for choosing the Medina Centre for Dance Art. We are glad to have you join the studio. Please take a moment and complete the following health information screening. This information will remain confidential and is for your safety.

DATE _____

STUDENT'S NAME _____ D.O.B. _____

ADDRESS _____ CITY _____

HOME PHONE _____ CELL _____

EMERGENCY CONTACT _____

PHYSICIAN'S NAME _____ PHONE _____

DENTIST'S NAME _____ PHONE _____

Are you currently taking any medication? If yes please specify. _____

Do you now or have you had with in the last year any of the following conditions?

- | | |
|---|---|
| 1. History of heart problems? (if yes please specify.) _____
_____ | 11. Cigarette smoking habit? _____ |
| 2. High Blood pressure? _____ | 12. Obesity (more than 25 pounds overweight)? _____ |
| 3. Blood Clots? _____ | 13. High blood cholesterol? _____ |
| 4. Rheumatic fever? _____ | 14. Recent Surgery (within the past 6 months)?
If yes please specify. _____
_____ |
| 5. Arthritis or osteoporosis _____ | 15. Shortness of breath, dizziness, blurred vision, fainting? _____ |
| 6. Allergies? _____
_____ | 16. Epilepsy? _____ |
| 7. Muscle, joint or back problems that could be aggravated by physical activity? _____
_____ | 17. Do you have any condition not listed? If yes please specify. _____ |
| 8. Asthma? _____ | 18. What regular activities do you currently do? _____ |
| 9. Diabetes? _____ | |
| 10. History of lung problems? _____ | |

To the best of my knowledge all of the above answers are true and correct. If I have any changes or new conditions in my health or medications, I will promptly inform the Medina Centre for Dance Art staff and remove myself from class until I present Medina Centre for Dance Art with a medical clearance from my physician. I understand, however, that by my continued participation, Medina Center for Dance Art accepts no responsibility and I will remain fully and solely responsible for any injury or damage.

Date _____ Signature _____
(Guardian's Signature if student is under 18 years of age.)