UMKC
Conservatory

4949 Cherry ♦ Kansas City, MO ♦ 64110-2229 ♦ http://conservatory.umkc.edu ♦ 816-235-2900

MEDICAL REPORT FOR DANCE DIVISION

All applicants are required to have the attached medical form completed and returned to the address given below by the family or regular physician. This information will be reviewed by the Dance Department and will be kept in the strictest confidence.

For more information on dance auditions or application requirements, please see our website at conservatory.umkc.edu

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*PLEASE NOTE: All application materials, including this completed form **MUST** be received by the office of Conservatory Admissions before an applicant can be fully admitted.*

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Please send completed forms to

UMKC Conservatory
Conservatory Admissions
Grant Hall Room 138
5227 Holmes Road
Kansas City, MO 64110

To be completed by DANCE APPLICANT:

Name _____ Age _____ Sex _____ Birth date _____

Started dancing at age _____

(For female ballet students only) What age did you begin dancing en pointe? _____

SCHOOLS OF DANCE

1. _____ From _____ To _____
2. _____ From _____ To _____
3. _____ From _____ To _____
4. _____ From _____ To _____

Have you ever suffered from any of the following:

- ☐ Back Pain
- ☐ Knee Pain
- ☐ Shin Splints
- ☐ Foot Disorder

Have you or any blood relatives been treated for any of the following:

- ☐ Diabetes
- ☐ High Blood Pressure
- ☐ Tuberculosis
- ☐ Heart Disease
- ☐ Curvature of the Spine
- ☐ Other (*please explain*) _____

Have you ever sustained a fracture or other musculoskeletal injury by any means? YES / NO

If yes, please explain. _____

_____

Have you ever had an operation? YES / NO

If yes, please explain. _____

_____

Please list any medications taken regularly: _____

_____

AUTHORIZATION TO PROVIDE INFORMATION:

I hereby authorize and direct Dr. _____ to supply the medical information contained herein and any other information he/she may deem pertinent to:

UMKC Conservatory
Conservatory Admissions
Grant Hall Room 138
5227 Holmes Road
Kansas City, MO 64110

_____ *OR* _____
Applicant's Signature *Parent or Guardian' s Signature*

_____
Witness' Signature

To be completed by PHYSICIAN

Applicant's Name: _____

The dancer listed above has requested an audition with the UMKC Conservatory Dance Division. Please complete with current physical examination.

Any pertinent history of any of the following:

Heart Disease	_____	Musculoskeletal Injury or Fracture	_____
CNS Disorder	_____	Ballet injury	_____
Respiratory	_____	Back injury	_____
Gastrointestinal	_____	Knee injury	_____
G-U Disorder	_____	Asthma	_____
Emotional disorder	_____	Arthritis	_____

Additional Comments:

PHYSICAL EXAMINATION:

Height _____ Weight:_____

	Normal	Abnormal
Head	_____	_____
Eyes	_____	_____
Without Glasses	L / 20	F / 20
Abdomen	_____	_____
G-U	_____	_____
Musculoskeletal	_____	_____
Neurological	_____	_____

Please elaborate on any abnormalities: _____

_____

_____

Please list any medications taken regularly: _____

_____

_____

Do you consider the applicant physically and emotionally sound to participate in a strenuous dance program? _____

_____M.D. _____

M.D. Physician's Signature Date

_____

Printed or Typed Name

_____

Address

_____

City State Zip