



## **CONSERVATORY OF MUSIC AND DANCE**

**Grant Hall, Room 138  
5227 Holmes Road  
Kansas City, MO 64110  
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.

All applicants are requested to submit a recent full-length photograph of themselves in regular dance attire. Female applicants should be photographed en pointe if they have pointe experience.

Dance auditions are held in Kansas City and will be scheduled in two class sessions. Applicants participate in technique classes in classical ballet and modern dance. Female applicants who have done pointe work should bring pointe shoes. For more information on dance auditions, please contact (816) 235-2900.

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*PLEASE NOTE: The medical form and photograph **MUST** be received in the office of Conservatory Admissions before being fully admitted.*

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Please send all Conservatory forms to:

**UMKC Conservatory of Music and Dance  
Conservatory Admissions  
Grant Hall Room 138  
5227 Holmes Road  
Kansas City, MO 64110**

**To be completed by DANCE APPLICANT:**

Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Birth date \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Started dancing at age \_\_\_\_\_

**SCHOOLS OF DANCE**

1. \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

2. \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

3. \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

4. \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Have you ever sustained a fracture or other musculoskeletal injury by any means? If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_

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

Please list any medications taken regularly:

\_\_\_\_\_  
\_\_\_\_\_

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 suffered from any of the following:

Back Pain \_\_\_\_\_ Knee Pain \_\_\_\_\_ Shin Splints \_\_\_\_\_ Foot Disorder \_\_\_\_\_

Have you ever had an operation? If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_

***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:***

***University of Missouri-Kansas City  
Conservatory Dance Division  
5227 Holmes Road  
Kansas City, MO 64110***

\_\_\_\_\_  
*Applicant's Signature* *OR* \_\_\_\_\_  
*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 Dance Division.  
Please complete with current physical examination.*

Any pertinent history of any of the following:

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

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