

Declaration of health

For application to higher Education within dance or musical

Name: _____ Social security code: _____

1. Do you have any illness or disability that affects the mobility of the body? For example injuries or medical issues concerning the back, knees, feet, muscles or joints that might cause problems to participate in professional¹ dance training on a daily basis?

2. Do you have/have you had any cardio vascular disease, such as stroke (brain haemorrhage, blood clot in the brain, heart arrhythmia, valvular insufficiency) or any other cardiovascular disease?

3. Do you have/have you had any problems concerning the vocal/or speech organ such as hoarseness, vocal nodules or polyps?

4. Do you have any diagnosis, illness, or condition that requires medication/ treatment on a regular basis?

5. Do you have any allergies?

6. Do you have /have you had anorexia/bulimia or any other eating disorder?

7. Do you have any other diagnosis or condition that you think may affect your education? For instance, dyslexia, panic attacks or ADHD?

I hereby declare that all the information given above is true to the best of my knowledge and belief, and understand that any willful dishonesty may affect my eligibility.

¹ Professional dance training is in this context referred to as training equivalent to elite sports training.