

MEDICAL CONDITION REPORT – BA Classical Ballet

Name:	Application number from SøknadsWeb
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Have you suffered serious injury that required long term recovery? If yes please describe

Neck / Back	Yes	No
Shoulders / Arms	Yes	No
Hips / Legs:	Yes	No
Ankels / Feet	Yes	No

Have you ever fractured any bones?

If yes, please describe	Yes	No
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Have you ever undertaken surgery to your muscular or skeltal system?

If yes, please describe	Yes	No
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Are you suffering any cronic disease?

If yes please indicate what illness.	Yes	No
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Are you asmatich or suffering any allergies?

If yes, please describe your condition	Yes	No
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Are you suffering any Heart or Lunge disease

If yes, please describe your condition	Yes	No
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Are you suffering any stomach or intestinal disorder?

If yes, please describe your condition	Yes	No
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Are you suffering any sight og hearing disorder?

If yes, please describe your condition	Yes	No
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Are you dependent upon regular medication , except contraception?

If yes, please describe	Yes	No
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