For applicants to the bachelor's degree programme in Classical Ballet.

Self-certification of Health Condition

The form Self-certification of Health Condition must be filled in and brought to the first day of auditions where it should be handed in to the jury. The form must NOT be uploaded to Søknadsweb as it may contain sensitive personal data.

The information will be handled confidentially and forms the basis for potential medical and physiotherapy assessment during and after the auditions.

Name:	Applicant number from Søknadsweb:

		Yes	No
1	Over the past three years, have you a. suffered from conditions that have prevented you from training fully, lasting longer than one week? b. suffered from continuous pains/injuries lasting more than one month? c. consulted a physiotherapist/doctor or other forms of treatment due to the pains mentioned above? If yes, which measures have been put in place (such as alternative practice, training, treatment, operation or similar)?	☐ ☐ ☐	☐ ☐ ☐
2	Have you ever had a fracture? Where and when?	☐	☐
3	Have you ever had an operation in the muscle and/or the skeletal system? If yes, which types of operations and when?	☐	☐
4	Do you suffer from a chronic disease? If yes, which one(s)?	☐	☐
5	Do you suffer from asthma and/or allergies? If yes, how long have you been affected by this?	☐	☐
6	Do you or have you suffered from a heart or lung disease? If yes, which one(s) and when?	☐	☐
7	Do you suffer from issues related to stomach and/or intestine? If yes, which one(s) and when?	☐	☐
8	Do you have reduced vision and/or hearing? If yes, please describe to which degree.	☐	☐
9	Do you use medications regularly (not including contraception)? If yes, which one(s)?	☐	☐

I hereby confirm that the information given regarding my health is true.

Place/date: _____ Signature: _____