



**The Apollo Theatre School Medical and Injury Summary Sheet**

**Name:.....Date of Birth:.....**

**Have you ever had or do you have? (Please tick if your have or leave blank)**

<b>CONDITION</b>	<b>√</b>	<b>NOTES</b>
High Blood Pressure		
Heart Problems/Chest Pain		
Stroke		
Dizziness or Fainting		
Pregnancy (now or in last 3 months)		
Infections or Infectious diseases e.g. hepatitis		
Glandular Fever		
Varicose Veins/ Hernia		
Liver or Kidney Conditions		
Gout		
Asthma		
Cramps		
Dieting or fasting		
Osteoporosis/ Osteopenia (Bone Density Scan)		
Surgery (at any time throughout your life)		
Any other illnesses or conditions		

If you have ticked any of the above, please describe each condition in more detail on the attached detail sheets

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Name:.....Date of Birth:.....

**Have you ever had or do you have? (Please tick if your have or leave blank)**

INJURIES	√	Notes
Arthritis		
Pain/Stiffness or Injury to:		
▪ Spine or Back(lower or upper)		
▪ Neck or Shoulders		
▪ Hips or Knees		
▪ Elbows or wrists or Fingers		
▪ Ankles or Feet or Toes		
Is there any medical reason why you should not exercise or may give you reason to modify an exercise programme?		

If you have ticked any of the above, please describe each injury in more detail on the attached detail sheets.

### SUMMARY OF PHYSICAL ACTIVITY (for past 12 months)

Please list all physical activity you have been doing regularly for the last year: Please list the type of activity (i.e. running, weights, dance). For 'dance' please describe what type (e.g. ballet / hip hop). Please approximate or average the hours.

Activity	No. of hours per week	How long have you been doing this number of hours (e.g 1 month/ 3 months)	Comments

**Please list other sports or physical activities you done regularly or for an extended period** (e.g., Played Tennis for four years, 8 – 12 year old).

Activity	How Long ago did you do it?	How long did you do this activity for?


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**Extra space to answer the above questions**

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**Acknowledgement / Authorisation**

Please read this sheet and the acknowledgement statement carefully as signing this undertaking means that you acknowledge that all the information provided is true and correct.  
 Any misrepresentation of information provided may affect your application and enrolment at The Apollo Theatre School.

*I give The Apollo Theatre School permission to contact medical specialists and consultants who have relevant information in reference to me.*

*I will advise Apollo Theatre School of any changes to any injuries or physical conditions I have.*

*I have read this medical and injury information sheet fully and the information I have provided is a true reflection of my physical condition.*

.....  
Signature

.....  
Name (please print clearly)

.....  
Date

**The Apollo Theatre School Medical and Injury Detail Sheet**

**Name:**.....**Date of Birth:**.....

**CONDITION / INJURY DETAIL**

*For each of the ticks you have put in the summary pages above, please fill out one of these forms.  
One injury or condition per page please.*

**INJURY / CONDITION (please circle and name):**.....

Date of Original Occurrence: .....

Date of Re-occurrences:.....

Is there any remaining weakness, stiffness or pain as a result of this injury?

.....  
.....

When does this occur?.....

.....

Is the injury currently being seen by a medical specialist? Yes / No

Type of Medical Specialist who treated or is treating injury:.....  
(eg. Physiotherapist, Chiropractor, Osteopath, Musculoskeletal specialist, etc)

.....

Medical specialist contact details:

Name:.....

Ph:.....Address:.....

.....