

MEDICAL EXAMINATION FORM

CERTIFICATION PROGRAM IN LABAN MOVEMENT STUDIES

Applicant _____

The above named applicant is applying to the Certificate Program in Laban Movement Studies.

Would you say the applicant's general health is: _____ Excellent _____ Good _____ Poor

Is there any history of serious illness or injury? _____ Yes _____ No

If yes, please describe: _____

Is there any history of back problems? _____ Yes _____ No

If yes, please describe: _____

In your estimation, is there any physical problem which would hinder the applicants participation in a strenuous movement program? _____ Yes _____ No

If yes, please describe: _____

Physicians Name

Telephone Number

Address

Signature

Date