

MEDICAL FORM

⊖ RECORD OF BROKEN BONES, JOINTS OR SPINE DISORDERS AND DETAILS OF TREATMENT.

You are required to complete this form in the presence of your GP. If you are on medication please ensure that this form is accompanied by a letter from your GP stating your fitness to do the course

⊖ RELATED TO PERFORMING ARTS TRAINING

	DATE	
	DATE	
	DATE	

⊖ UNRELATED TO PERFORMING ARTS TRAINING

	DATE	
	DATE	
	DATE	

⊖ RECORDS OF ANY BIRTH DEFECTS AND DETAILS OF ANY TREATMENT

	DATE	
	DATE	

⊖ RECORDS OF SERIOUS DISEASES OR CONDITIONS (eg heart conditions, rheumatic fever, polio, glandular fever or diabetes)

	DATE	
	DATE	

⊖ DO YOU HAVE, OR HAVE HAD, HAY FEVER, ECZEMA, OR ANY OTHER ALLERGIES OR SKIN CONDITIONS?

	DATE	
	DATE	

⊖ ARE YOU ON ANY MEDICATION AT PRESENT? IF SO, FOR WHAT CONDITION, AND WHAT DRUGS ARE YOU TAKING?

	DATE	
	DATE	

⊖ HAVE YOU HAD ANY ADVERSE REACTIONS TO DRUGS? IF SO WHICH?

⊖ RECORD OF EAR OR EYE TROUBLE

DATE

DATE

⊖ RECORDS OF OPERATIONS

DATE

DATE

DATE

⊖ IS THERE ANY HISTORY OF MIGRAINE, BLACKOUTS OR EPILEPSY?

Note: a letter from your doctor stating that you would be able to attend a full-time course is required

DATE

DATE

⊖ IS THERE ANY HISTORY OF DEPRESSION, ANXIETY STATES OR OTHER NERVOUS DISORDERS?

Note: a letter from your doctor stating that you would be able to attend a full-time course is required

⊖ ARE THERE ANY OTHER ONGOING PHYSICAL OR MENTAL CONDITION THAT MAY AFFECT YOUR ATTENDANCE AT SCHOOL OR PREVENT YOU FROM PARTICIPATING FULLY?
(IF SO PLEASE DETAIL)

NAME OF DOCTOR:

ADDRESS OF PRACTICE:

SIGNATURE OF
DOCTOR:

DATE:

SIGNATURE OF
APPLICANT:

DATE:

Please send completed form, along with the Whitireia Application for Enrolment Form to:

(You will be contacted about your audition time once application is processed)

WHITIREIA COMMUNITY POLYTECHNIC
Information and Enrolment Centre
PRIVATE BAG 50 910 PORIRUA
NEW ZEALAND 5240

WHITIREIA
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