

Dear Healthcare provider,

As part of our requirements for enrollment at UNCSEA, all dance students are required to have a screening pre-participation history and physical examination. The program is a physically intensive program with students expected to dance an average of five to six hours a day. A history and physical form has been provided and should be completed. In addition we ask that you sign the appropriate area of the form below. **(Two signatures required)** If any further evaluation is needed prior to clearance to participate fully, please attach those results with the completed form.

If you have any questions or concerns, please contact UNCSEA Health Services at (336) 770-3288

Medical Provider Clearance

Student Name _____ Sex: M F

Date of birth _____

Cleared without restriction (circle)

Cleared, with recommendations for further evaluation or treatment _____

Not Cleared for all dance activities cleared for : _____

Reason: _____

Recommendations: _____

Name of medical provider (print/type)

Date

Address

Phone

Signature

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