



HEALTH SCREENING FORM

101 OAKES RD. • BROADVIEW HTS., OH 44147 • (440) 838-1809

Welcome to Interpretations Dance Academy. We “thank you” for choosing our Studio to begin your dance education and/or exercise fitness program. For our knowledge and for your safety, please completely fill out the following confidential form.

Date _____ E-mail Address _____

Address _____ Phone _____

City _____ State _____ Zip Code _____

- 1. Name _____ Age _____ Birthdate _____
FIRST LAST
- 2. Name _____ Age _____ Birthdate _____
FIRST LAST
- 3. Name _____ Age _____ Birthdate _____
FIRST LAST
- 4. Name _____ Age _____ Birthdate _____
FIRST LAST

Person to contact in case of an emergency?

Name _____ Phone _____

Physician’s Name _____ Phone _____

Are you currently taking any medications (If yes, please specify) _____

Are you now or have you been pregnant within the last (3) months? _____

Do you now or have you had within the last year: (If yes, please indicate which child if more than one child is dancing with us. We do not need information on other family members.)

	Yes	No	Name of Person
1. History of heart problems? If yes, please specify. _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. High blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Rheumatic fever?	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Blood clots?	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. Muscle, joint or back problems that could be Aggravated by physical activity?	<input type="checkbox"/>	<input type="checkbox"/>	_____
6. Arthritis or osteoporosis?	<input type="checkbox"/>	<input type="checkbox"/>	_____

	Yes	No	Name of Person
7. Allergies?	<input type="checkbox"/>	<input type="checkbox"/>	_____
8. Asthma?	<input type="checkbox"/>	<input type="checkbox"/>	_____
9. Diabetes?	<input type="checkbox"/>	<input type="checkbox"/>	_____
10. Recent surgery within the past three (3) months?	<input type="checkbox"/>	<input type="checkbox"/>	_____
If yes, please specify _____			
11. History of lung problems?	<input type="checkbox"/>	<input type="checkbox"/>	_____
12. Cigarette smoking habit?	<input type="checkbox"/>	<input type="checkbox"/>	_____
13. Obesity (more than 20 pounds overweight)?	<input type="checkbox"/>	<input type="checkbox"/>	_____
14. High blood cholesterol?	<input type="checkbox"/>	<input type="checkbox"/>	_____
15. Shortness of breath, dizziness, blurred vision or fainting?	<input type="checkbox"/>	<input type="checkbox"/>	_____
16. Epilepsy?	<input type="checkbox"/>	<input type="checkbox"/>	_____
17. Do you have any condition not listed?			
If yes, please specify _____ <input type="checkbox"/> <input type="checkbox"/> _____			
18. What regular activities do you presently do? _____			

To the best of my knowledge all of the above answers are true and correct. If I have any changes or new conditions in my health or medications, I will promptly inform Interpretations Dance Academy personnel and remove myself from all classes until I present Interpretations Dance Academy with a medical clearance from my physician. I understand, however, that by my continued participation, Interpretations Dance Academy accepts no responsibility and I will remain fully and solely responsible for any injury or damage.

I accept full and sole responsibility for any personal injury or property damage which may result from my participation in Interpretations Dance Academy's exercise or dance programs, whether under an instructor's supervision or on my own. I fully release Scott and Jolene McPherson and all employees and instructors from all responsibility or liability for any such injury or damage. I will indemnify and hold harmless the persons released above from all claims or actions in any way related to my participation and I will not bring or cause to be brought any such claim or action against such persons.

Date _____ Signature _____
(GUARDIAN'S SIGNATURE IF UNDER 18 YEARS OF AGE)

PLEASE UPDATE EVERY YEAR BY SIGNING BELOW:

Date _____ Signature _____
(GUARDIAN'S SIGNATURE IF UNDER 18 YEARS OF AGE)

Date _____ Signature _____
(GUARDIAN'S SIGNATURE IF UNDER 18 YEARS OF AGE)

Date _____ Signature _____
(GUARDIAN'S SIGNATURE IF UNDER 18 YEARS OF AGE)

Date _____ Signature _____
(GUARDIAN'S SIGNATURE IF UNDER 18 YEARS OF AGE)