

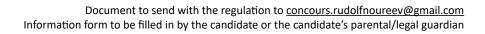
STATE OF HEALTH

Candidate's last name and first name:		
Gender:	□ Male □ Female	
Date of birth (day/month/year):		
Weight (Kg):		
Height (cm):		
BMI = Wheight in Kg / (Height in m x Height in m) (es. 50 / (1,60 x 1,60) = 19,53		
Blood pressure:		
Resting pulse:		
Age when the candidate started dancing:		
Number of hours of dance per week (average):		
Has the candidate already experienced medical problems?	□ Yes □ No	
Diagnoses:		
If female, has the candidate already had her first menstruation?	□ Yes □ No	
Has she had an absence of menstruation for the last three months?	□ Yes □ No	
Is there any notion of disturbances in nutritional behaviour shown now or in the past?	□ Yes □ No	
If yes, please give details:		
Habitual diet:	□ Varied □ Vegetarian □ Vegan □ No dairy □ No/limited carbohydrates □ No/limited fat □ Other (please specify):	



STATE OF HEALTH

1. At the time of completion of this	survey for the Cond	cours Rudolf Noureev,		
are you having any difficulties participating in training and performing due to injury, illness or other health problems?		 full participation without health problems full participation, but with health problems reduced participation due a health problem could not participate due to a health problem 		
to what extent are you modifying your training due to injury, illness or other health problems?		 no modification to a minor extent to a moderate extent to a major extent 		
to what extent is injury, illness or other health problems affecting your performance?		 no effect to a minor extent to a moderate extent to a major extent 		
to what extent are you experiencing symptoms/health complaints?		 no symptoms / health problems to a mild extent to a moderate extent to a severe extent 		
2. Please select the location of your worst musculo-skeletal complaint (e.g. low backpain) or injury (e.g. shoulder sprain) you are experiencing.				
□ no musculo-skeletal pain / com				
□ head □ neck / cervical spine	· ·	□ shoulder (including clavicle) □ hip / groin		
chest / ribs	□ upper arm□ elbow	□ thigh □ knee		
□ thoracic spine / upper back	□ forearm	□ lower leg / Achilles tendon		
□ abdomen	□ wrist	□ ankle		
□ lumbar spine / lower back	□ hand	□ foot / toes		
□ pelvis / buttock	☐ fingers / thum	o other, specify		
2a. Is this complaint / injury cause	d by dancing?			
□ no □ yes		□ don't know		
2b. Is this complaint / injury new, i	ecurrent or chronic	?		
new (you never had this before)	□ recurren	t after full recovery worsening /chronic		
3. Please select the location of you	ır second worst mus	culo-skeletal complaint or injury you are experiencing.		
no further musculo-skeletal pai	n / complaint or inj	ury (please go to question 5)		
□ head	□ shoulder (inclu	iding clavicle) 🗆 hip / groin		
□ neck / cervical spine	□ upper arm	□ thigh		
□ chest / ribs	□ elbow	□ knee		
□ thoracic spine / upper back	□ forearm	□ lower leg / Achilles tendon		
abdomen	□ wrist	□ ankle		
☐ lumbar spine / lower back☐ pelvis / buttock☐	□ hand□ fingers / thum	□ foot / toes □ other, specify		





3a. Is this complaint / injury caused	by dancing?			
□ no □ yes	□ don't know			
3b. Is this complaint / injury new, re	current or chronic?			
□ new (you never had this before)	□ recurrent after full recovery	worsening /chronic		
4. Please select the location of your	third warst muscula skalatal samplai	nt or injury you are experiencing		
_	third worst musculo-skeletal complai			
	/ complaint or injury (please go to que	·		
□ head		□ hip / groin		
□ neck / cervical spine		□ thigh		
□ chest / ribs	□ elbow	□ knee		
□ thoracic spine / upper back	□ forearm	□ lower leg / Achilles tendon		
□ abdomen	□ wrist	□ ankle		
□ lumbar spine / lower back	□ hand	□ foot / toes		
□ pelvis / buttock	□ fingers / thumb	□ other, specify		
4a. Is this complaint / injury caused by dancing?				
□ no □ yes	□ don't know			
4b. Is this complaint / injury new, re	current or chronic?			
□ new (you never had this before)	□ recurrent after full recovery	worsening /chronic		
5. Please select all other physical complaints (e.g. headache, menstrual pain) or illnesses (e.g. influenza, diarrhoea) you are currently experiencing.				
no illnesses or physical complain				
□ allergy, e.g. hay fever	-	□ heart palpations		
asthma		□ fatigue, lack of energy		
☐ flu, influenza, sinusitis, cold, cough	menstrual pain / cramps	□ other, specify		
DECLARATION OF CONSENT				
I agree that my data will be treated and stored confidentially and in compliance with medical secrecy. I agree that the information may be viewed by the doctor of the Nureev competition as well as by the doctor of the Rudolf Nureev Foundation. For the purpose of scientific research, and in favor of the development of the health of dancers, I agree that my data will be used if necessary and anonymously.				
□ Yes □ No				
SIGNATURE	DATE			
If under 18 years of age, parental/legal guardian consent is required:				
SIGNATURE	DATE			