Concours Rudolf Noureev

Document to send with the regulation to concours.rudolfnoureev@gmail.com
Information form to be filled in by the candidate or the candidate's parental/legal guardian

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):

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STATE OF HEALTH

1. At the time of completion of this survey for the Concours 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 / complaint** or **injury** (please go to question 5)

□ head	□ shoulder (including 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	□ hand	□ foot / toes
□ pelvis / buttock	□ fingers / thumb	□ other, specify _____

2a. Is this complaint / injury **caused by dancing**?

□ no □ yes □ don´t know

2b. Is this complaint / injury **new, recurrent or chronic**?

□ new (you never had this before) □ recurrent after full recovery □ worsening /chronic

3. Please select the **location of your second worst musculo-skeletal complaint** or **injury** you are experiencing.

□ **no further musculo-skeletal pain / complaint** or **injury** (please go to question 5)

□ head	□ shoulder (including 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	□ hand	□ foot / toes
□ pelvis / buttock	□ fingers / thumb	□ other, specify _____

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3a. Is this complaint / injury **caused by dancing**?

□ no □ yes □ don´t know

3b. Is this complaint / injury **new, recurrent or chronic**?

□ new (you never had this before) □ recurrent after full recovery □ worsening /chronic

4. Please select the **location of your third worst musculo-skeletal complaint** or injury you are experiencing.

□ **no further musculo-skeletal pain / complaint** or **injury** (please go to question 5)

□ head	□ shoulder (including 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	□ 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, recurrent 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 complaints**

□ allergy, e.g. hay fever	□ diarrhoea, nausea, vomiting	□ heart palpations
□ asthma	□ headache, migraine	□ 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_____