



## **MEDICAL REPORT**

To be completed by a qualified doctor, preferably your own physician.

We need this information as some artistic activities are contra-indicated for certain health problems.

All information will be treated as confidential.

**Name of applicant:**

**Course applied for:**

**General state of physical health:**

**General state of mental health:**

**Brief medical history:**

**Details of any current treatment:**

I have known this person for:

months/ years:

Signature of doctor:

Name and address:

Telephone no.:

Date: