



MEDICAL RECORD

To be completed before ENACR's entrance examination

Last Name: First Name: Gender:

Date of Birth: Level of education: Father's occupation:

Mother's occupation:

Circus discipline:

Level acquired:

Number of years:

Hours per week:

Tobacco consumption: if yes, how much?

Hours of sleep per night:

Medical History:

Surgeries:

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Any Medical background:

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High blood pressure, urinary infection, sinusitis, renal colic, asthma, other allergies, skin diseases, wounds :

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Known family disease(s):

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Have you ever had x-rays? Specify body parts, occasions, time and results (**attach a copy of the report**)

Body part	On what occasion?	Date	Results

Have you ever had:

An electrocardiogram? Result:

Allergy tests? Result:

Blood tests?..... **Attach a copy of the results**

Other exams? Please specify:

Results:

Were you ever subjected to regular treatment longer than a month?

Which ones?

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Have you ever been hospitalized?

1) To undergo surgery? Specify:

2) To undergo exams? Specify:

3) For a disease?..... Specify:

Have you ever had any of the following? (please specify each time the body part, the duration, the treatments, and the reoccurrences)

Fractures?

Sprains?.....

Dislocations?

Tendonitis?

Periostitis?

Muscle injuries? (please specify each time the body part, the duration, the treatments, and the reoccurrences)

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Elongations?

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Muscle strains?

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Muscle tears?.....

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As a teenager, where you diagnosed scoliosis or kyphosis (spine), growth disease (if yes specify the name (SCHEURMANN, SEVER, OSGOOD-SCHLATTER)?

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Have you undergone rehabilitation sessions (or others) with a physiotherapist? What was the motive?

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