

2024 Summer Intensive  
Physician Report

Due May 1, 2024

Student/Parent/Guardian, complete section 1. Your physician must complete section 2, based on a physical exam within 1 year of the program start date. No other versions of this form will be accepted, but additional pages may be included, if needed.

**SECTION 1**

Student First Name: \_\_\_\_\_ Student Last Name: \_\_\_\_\_

Age: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Preferred Phone # \_\_\_\_\_

**SECTION 2**

Date of most recent physical exam: \_\_\_\_\_, must be within 12 months of program start date.

Milwaukee Ballet's Summer Intensive Program is intense and involves strenuous physical exercise for a minimum of five hours a day Monday through Friday. The student dancer may be required to wear a face mask during class. Based on your knowledge of this patient, do you feel that the applicant can, with safety, undertake and maintain this active schedule? Explain any difficulties that you feel might arise for this student.

Does this student have any past medical problems, surgeries, physical or mental illness or health related condition the faculty, administration or housing staff should be aware of?

Has this student suffered any dance-related or other injuries that could be of concern during intensive ballet training?

Allergies? \_\_\_\_\_

Medications? \_\_\_\_\_

*After examining the student and reviewing their medical history, I feel they can undertake this rigorous schedule.*

Physician Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Clinic Address \_\_\_\_\_ Clinic Phone \_\_\_\_\_

**[EMAIL ALL DOCUMENTS TO MBFORMS@MILWAUKEEBALLET.ORG](mailto:MBFORMS@MILWAUKEEBALLET.ORG)**

MILWAUKEE BALLET | 128 N JACKSON ST, MILWAUKEE, WI 53202

Phone: 414-902-2100