

SUMMER DANCE LAB

Whitman College

Walla Walla, WA 99362 (509)527-5796 fax (509)526-4744
sdl@whitman.edu www.whitman.edu/summer_dance

2009 PHYSICIAN'S STATEMENT

Student's Last Name: _____ First Name: _____

Program: 2 week _____ 3 week _____ 5 week _____

Date of most recent physical examination by undersigned physician _____

This SDL applicant will be dancing six hours or more a day, six days a week, for two to five weeks. SDL strongly recommends that a student with a recent injury, or lengthy layoff from dance due to illness or any other reason not attend this summer.

After physical examination and review of health history, do you feel that this applicant can safely undertake and maintain this active schedule? Yes _____ No _____

Does this student have any physical disabilities, limitations, or past injuries? Yes _____ No _____

If yes, please list:

Physician's signature: _____ Date: _____

Please print Physician's name: _____

Physician's phone number: (_____) _____