# PHYSICIAN'S FORM
# 2018-2019

L'ÉCOLE NATIONALE DE BALLET DU CANADA | CANADA'S NATIONAL BALLET SCHOOL

➢ **A NEW FORM MUST BE COMPLETED EACH YEAR**

➢ **STUDENTS WILL NOT BE PERMITTED TO ATTEND CLASS UNTIL THIS FORM HAS BEEN FULLY COMPLETED AND RETURNED TO CANADA'S NATIONAL BALLET SCHOOL (NBS)**

**Parents:** When completed, email to: registrar@nbs-enb.ca.

**Physical Examination – TO BE COMPLETED AND SIGNED BY A PHYSICIAN**

*In the event that you cannot obtain an appointment with your family physician, we do accept forms completed by a physician from a walk-in clinic or a nurse practitioner.*

Student's Name: Finnian (First) Patrick (Middle) Hopkins (Last)

Date of Birth: 09/01/2002 (MM/DD/YYYY) Height: 6ft 1 Weight: _____

**Please complete as appropriate and qualify where necessary on a separate page.**

Does the student have medical problems? (For example: asthma or diabetes.) Please list:

no

If the student is taking medications of any kind, please list and explain when and how to administer. Include any supplements or non-prescribed medications being taken (for example: multivitamins, acetaminophen, or ibuprofen.)

*Medications must be brought to NBS by the student; residence students must hand in all medication to residence staff.*

| Name of medication | Dosage or As Needed | Reason for taking medication |
|---|---|---|
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**ALLERGIES/SPECIAL DIET**

Please identify any life-threatening allergies and treatment required:

| Allergen | Treatment |
|---|---|
| Allergen | Treatment |

| | |
|---|---|
| Does the student require an EpiPen/Twinject (epinephrine autoinjector) or other specialized treatment for an allergic reaction? | ☐ Yes ☑ No |
| Does the student know how to self-administer the treatment? | ☐ Yes ☐ No |

Please list any other allergens to avoid and/or diet required to keep this student in good health:

Drug: _____

Food: _____

Environmental: _____

Special Diet: _____

Student's Name: Finnian Patrick Hipfner



**MEDICAL HISTORY**

Please check if the student has had any of the following and provide dates:

| | | | | | |
|---|---|---|---|---|---|
| ☐ Bed Wetting | MM/DD/YYYY | ☐ Hay Fever | MM/DD/YYYY | ☐ Severe Stomach Ache | MM/DD/YYYY |
| ☐ Chicken Pox | MM/DD/YYYY | ☐ Heart Condition | MM/DD/YYYY | ☐ Sinus Trouble | MM/DD/YYYY |
| ☐ Diabetes | MM/DD/YYYY | ☐ Hepatitis | MM/DD/YYYY | ☐ Sleep Walking | MM/DD/YYYY |
| ☐ Dizzy Spells | MM/DD/YYYY | ☐ Mononucleosis | MM/DD/YYYY | ☐ Tuberculosis | MM/DD/YYYY |
| ☐ Frequent Colds | MM/DD/YYYY | ☐ Red Measles | MM/DD/YYYY | ☑ Glasses/Contacts | 2014 MM/DD/YYYY |
| ☐ German Measles | MM/DD/YYYY | ☐ Rheumatic Fever | MM/DD/YYYY | ☐ Whooping Cough | MM/DD/YYYY |

**HISTORY OF PHYSICAL INJURIES**

Please list any dance-related or other physical injuries sustained by this student:

| | | | |
|---|---|---|---|
| 2015 MM/DD/YYYY | Osgood-Schlatter Injury | Treatment | Recurring? ☐ Yes ☒ No |
| MM/DD/YYYY | Injury | Treatment | Recurring? ☐ Yes ☐ No |
| MM/DD/YYYY | Injury | Treatment | Recurring? ☐ Yes ☐ No |
| MM/DD/YYYY | Injury | Treatment | Recurring? ☐ Yes ☐ No |

Does the student CURRENTLY have any injuries? Please explain and include what treatment is being received, if applicable:

| | | |
|---|---|---|
| MM/DD/YYYY | Injury | Treatment |
| MM/DD/YYYY | Injury | Treatment |
| MM/DD/YYYY | Injury | Treatment |

Is the student currently receiving advice/treatment from a health care practitioner/other on a preventative basis? (For example, an osteopath, massage therapist, naturopath, or chiropractor.)

➢ **A copy of the student's MOST RECENT IMMUNIZATION RECORD MUST BE ATTACHED.**

To the best of my knowledge this student is in good health and is physically able to participate in all school and dance activities, with the following exception(s):

Physician's Name: DR. ADAM NWALUSI Signature:

Date: 30/8/2018

**Address of Physician**

Office/Business Name: Alliance Health Regina

Street Address: 3737 Wascana Parkway

City/Town: Regina Province/State: SK Postal Code/ZIP: S4S 0A2

Country: Canada Telephone No: 3063375860

**Where Created:** Regina Qu'Appelle RHA

PANORAMA

# Client Immunization Profile Record

**Report as of Date / Time** 2017 Dec 22 / 10:00 **Next Immunization Date** 2027 Aug 25

## Personal Information

**Client ID** 182959 **Health Card Number** 773652132
**Client Name** HEPTING, FINNIAN **Gender** Male
**Date of Birth** 2002 Sep 01

## Immunization History

Based on our records, FINNIAN HEPTING has received the following immunizations

| Immunizing Agent/Antigen | Immunization Date | | | |
|---|---|---|---|---|
| DTaP-IPV<br>Diphtheria-Tetanus-acellular Pertussis-inactivated Poliomyelitis | 2007 May 03 | | | |
| DTaP-IPV-Hib<br>Diphtheria-Tetanus-acellular Pertussis-inactivated Poliomyelitis-Haemophilus influenzae type b | 2002 Nov 05 | 2003 Jan 02 | 2003 Feb 28 | 2004 Mar 03 |
| H1N1-unspecified<br>H1N1, unspecified | 2009 Nov 18 | | | |
| HB<br>Hepatitis B | 2017 Aug 25 | 2017 Dec 22 | | |
| Inf<br>Influenza, injectable | 2017 Dec 22 | | | |
| Men-C-ACYW-135<br>Meningococcal Conjugate ACYW-135 | 2017 Aug 25 | | | |
| Men-C-C<br>Meningococcal Conjugate C | 2007 May 03 | | | |
| MMR<br>Measles-Mumps-Rubella | 2003 Sep 03 | 2004 Mar 03 | | |
| Tdap<br>Tetanus-Diphtheria-acellular Pertussis | 2017 Aug 25 | | | |
| Var<br>Varicella | 2017 Aug 25 | 2017 Dec 22 | | |



For more information go to: www.saskatchewan.ca/immunize

**Immunizations are recorded in the Saskatchewan Immunization Registry.**
**This document contains personal health information and is confidential.**