

MEDICAL INFORMATION *Personal details*

Full Name: _____

Male/Female/Non-binary (circle) DOB: _____

Contact number: _____

Email: _____

Postal address: _____

IMPORTANT. We ask that you read the statement below, and if you have any questions please feel free to contact us at: HRmanager@bangarra.com.au

Disclosure of medical information is at your own discretion. The purpose for gathering this information is so that we are aware of any existing or potential physical and/or mental health issues that might require appropriate attention or adjustments should you be shortlisted to attend the audition.

Please read our [Privacy](#) statement

Dance training and injury/medical history

1. Number of years spent training in dance *Part-time:* _____ *Full-time:* _____

2. Do you have any current medical issues? (E.g. asthma, diabetes, heart problems etc.) Yes / No
If yes, what is the nature of these issues? _____

3. Do you take any regular medications? Yes / No

If yes, please list: _____

2026/7 Bangarra Dance Theatre
Medical Form (3 pages)

4. Do you have, or have you had any past mental health issues? Yes / No

If yes, what is/was the nature of these issues? _____

5. Have you had any surgery? Yes / No

If yes, please provide any relevant information regarding the purpose and outcome of the surgery:

6. Have you had any fractures or dislocations? Yes / No

If yes, please provide details of past fractures/dislocations: _____

7. Are you suffering / have you suffered any injuries that have caused you to modify your dancing for longer than 1 week? Yes / No

Injury: _____

Date of injury: _____

Incident: _____

Any residual problems? _____

Injury: _____

Date of injury: _____

Incident: _____

Any residual problems? _____

Injury: _____

Date of injury: _____

Incident: _____

Any residual problems: _____

I declare that the information I have provided on this Medical form is true and accurate.

Name: _____

Sign: _____

Date: _____

If under the age of 18 years we require a parent/guardian to co-sign this document.

Name: (parent/guardian): _____

Sign: _____

Date: _____