

07 - STATE OF HEALTH

The consultant-physician of the Prix de Lausanne can be contacted at the following address:

Docteur Carlo Bagutti
Vidy Med, Route de Chavannes 11
1000 Lausanne 23
tél. 41 21/ 622 87 00
fax 41 21/622 87 02

e-mail: prixdelausanne@vidymed.ch

Candidate's last name and first name:

Male Female

Date of Birth (day/month/year):

Candidate's medical history:

Has the candidate already experienced medical problems? yes no

Diagnoses:

Parents

Mother

Initials:
Date of birth:
Body weight (kg):
Height (cm):

Father

Initials:
Date of birth:
Body weight (kg):
Height (cm):

Has the candidate already had her first menstruation? yes no

Age of first menstruation:

Has she had an absence of menstruation for the last three months? yes no

Has the candidate ever suffered from a stress fracture? yes no

If yes, please specify date and localisation:

Allergies:

Are there known allergic reactions to certain medication or food? yes no

If yes, please specify which:

Nutritional behaviour:

Is there any notion of disturbances in nutritional behaviour shown by the candidate now, in his/her past, or in the near family? yes no

If yes, please give details:

Habitual Diet:

- Varied
- Vegetarian
- No dairy
- No/limited carbohydrates
- No/limited fat
- Other (please specify)

Number of portions of fruit and vegetables per day:

0 to 1 1 to 2 2 to 3 3 to 4 4 to 5 5 or more

Candidate's last name and first name:

Intensity of physical activity:

Age when the candidate started dancing:

Number of hours of dance per week (average) for the last year:

Lifestyle:

Tobacco

Never smokes

smokes occasionally

smokes regularly

Alcohol

Never drinks alcohol

drinks alcohol occasionally

drinks alcohol regularly

Medication:

Does the candidate use medication, homeopathy or phytotherapy on an occasional or regular basis?

yes no

If yes, please specify which:

Has he/she already used the following substances?

yes no

(Please underline) analgesics, tranquillisers, laxatives, amphetamines, anabolics, narcotics.

Height and weight development:

Please indicate on the attached diagram the known data regarding the weight and height of the candidate during his/her growth.

Physical examination:

Is the candidate's state of health, and particularly his/her nutritional state

satisfactory

good

excellent

Body weight:

kilograms

Height:

centimetres

Blood pressure:

mm Hg

Resting pulse:

/minute

Special or unusual features observed during physical examination:

Place and date:

Doctor's signature and stamp:

Name and address of attending physician (in Western characters in order to be able to write back if additional information seems necessary):

E-mail:

Phone:

Fax: