

## STATE OF HEALTH

Medical documents will be reviewed by the consultant-physician of the Prix de Lausanne, Dr Carlo Bagutti. Prix de Lausanne's team can be contacted at the following address:

Prix de Lausanne  
Av. des Bergières 14  
1004 Lausanne, Switzerland

registration@prixdelausanne.org  
Tel: +41 21/648 05 25

**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**

Name of mother:

Father's name:

Date of birth:

Date of birth:

Body weight (kg):

Body weight (kg):

Height (cm):

Height (cm):

**Has the candidate already had her first menstruation?** yes  no  n/a

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 localization:

**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
- Vegan
- 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 physiotherapy 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:**

centimeters

**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: