Muhlenberg College

TREATING HEALTHCARE PROFESSIONAL REPORT FORM
Dance Restrictions/ Modification Form

Section 1: To be completed by the student

Student Name: _____Date of Birth: _____ Class Year: _____

Dance Classes _____

I understand and consent to the following: The information below will be reviewed by the dance faculty who may share this information with other Muhlenberg College officials, as necessary. I understand that attendance is an essential component of the course requirement and that even with medical documentation, I must meet the attendance standards for the department.

Student Signature: _____ Date:_____

Section 2: To be completed by licensed treatment provider.
This is to be completed by the student's treating health care provider. The provider must be an impartial diagnostician who does not have an immediate familial relationship with the student.

Providers: The above named student has reported an illness/ injury/ medical condition that has affected their ability to participate in dance class. The health and well-being of our students is of utmost importance. Balancing return to dance class and recovery from injury/illness can be challenging. The dance department follows an attendance and participation policy. Students whose injuries prevent them from participating fully in the class are encouraged to modify exercises rather than completely sit out if deemed possible by the physician. In order to determine if modifications are possible, please complete the following information.

- Name of Student/ Patient:_____ Date of Birth: _____
- Provider's Name: _____ Provider's Title/ Degree: _____

  Provider's Area of Medical/ Mental Health Specialization:_____

  Office Address:_____

Office Telephone:_____ Fax:_____

- Medical Information

Diagnosis:_____ Date of symptom onset:_____

Current Appointment Date:_____ Next scheduled appointment is:_____

Name of Student/ Patient:_____ Date of Birth: _____

- Recommendations for Participation in Dance Activity (please check)

_____ Student is not able to participate any dance activities.

Estimated duration of non-activity:_____

_____ Student is able to participate in dance with the following modifications (check all that apply)

____Student is able to participate in non-weight bearing, non-vertical activities (ie, floor work)

____Student is able to participate in standing work holding onto a bar

____Student may participate in bending activities (forward, back, side)

____Student is able to participate in locomotor movement without jumping or turning (ie walking, single leg balancing, arm movements)

____Student can participate in turning and advanced head movement exercises

____Student may participate in jumping.

_____ Student may participate in dance activity, but can self-modify if they have any pain.

_____The student may participate fully without any restrictions.

Additional Comments:

_____

_____

_____

Provider Signature:_____ Date:_____

Provider: Thank you for completing this form and returning it to the student.

Student: Please copy this form and give it to your dance faculty, Health Services, and, if applicable, Disability Services.