



*A Training in the Speech Arts – Storytelling, Poetry Recitation & Acting*

---

### **Medical Report**

A qualified doctor should complete this medical report, preferably the applicant's own physician. All information will be treated as confidential. Any fees due are payable by the applicant.

Name of applicant: .....

Height: ..... Weight: .....

General state of physical health:

.....

General state of mental health:

.....

Is the applicant currently receiving treatment for any physical or mental conditions?  
If so, give details:

.....

.....

.....

Please give a brief medical history: (attach extra pages as necessary)

.....

.....

.....

.....

---

#### **Peredur Centre for the Arts**

West Hoathly Road, East Grinstead, West Sussex RH19 4NF. Tel. And Fax 01342 321 330 (Students) 01342 324 383

Email: [office@artemisspeechanddrama.org.uk](mailto:office@artemisspeechanddrama.org.uk) Website: [www.artemisspeechanddrama.org.uk](http://www.artemisspeechanddrama.org.uk)

Charity No 313444



*A Training in the Speech Arts – Storytelling, Poetry Recitation & Acting*

---

Does this person suffer from any allergies or a physical/disability? If so, give details:

.....  
.....

I have know this person for .....months/years

Signature of Doctor: ..... Doctors Stamp

Name and Address: .....

.....

..... Date: .....

---

**Peredur Centre for the Arts**

West Hoathly Road, East Grinstead, West Sussex RH19 4NF. Tel. And Fax 01342 321 330 (Students) 01342 324 383

*Email:* [office@artemisspeechanddrama.org.uk](mailto:office@artemisspeechanddrama.org.uk) *Website:* [www.artemisspeechanddrama.org.uk](http://www.artemisspeechanddrama.org.uk)

Charity No 313444