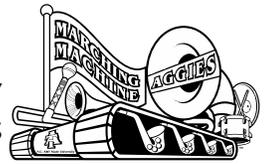


# HEALTH INVENTORY FORM

GOLDEN DELIGHT AUXILIARY  
NC A&T DEPARTMENT OF BANDS



Please complete this entire questionnaire. It will provide the Golden Delight Staff and A&T Band Training Staff with important information about your health. All responses are strictly confidential and will become a part of our file. All selected candidates will be required to have a Physical with their medical professional prior to the start of Band Camp.

## SECTION A: CANDIDATE INFORMATION

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Age \_\_\_\_\_

Do you exercise?  Yes  No If yes, how many times per week? 1 2 3 4 5 or more

Do you have a special diet?  Yes  No If yes, describe \_\_\_\_\_

## SECTION B: ORTHOPEDIC/MUSCULOSKELETAL

PLACE AN (X) IN THE BOX TO INDICATE IF YOU ARE OR HAVE EVER EXPERIENCED THE FOLLOWING:

	Current Condition/ Currently Being Treated	Past Condition/ Been Treated in the Past	Never Been Diagnosed or Treated for this Condition
Chronic Back Pain			
Neck Pain			
Joint Pain/ Joint Swelling			
Carpal Tunnel			
Shoulder/Rotator Cuff			
Broken Bones			
Fractures			
Severe Sprains/Strains			

Please use this space below to provide additional information for any area you are currently or have been treated for in the past. **This should include the impacted area.** (Foot, toe, ankle, leg, hip, thigh, wrist, fingers, elbow, arm, hamstring, knee, etc.) Attach additional paper if necessary.

## SECTION C: ORTHOPEDIC SURGERY

Year \_\_\_\_\_ Reason \_\_\_\_\_  
 Year \_\_\_\_\_ Reason \_\_\_\_\_  
 Year \_\_\_\_\_ Reason \_\_\_\_\_  
 Year \_\_\_\_\_ Reason \_\_\_\_\_

## SECTION D: GENERAL MEDICAL HISTORY

Place an (X) in the box to indicate if you are or have ever experienced the following:

	Current Condition/ Currently Being Treated	Past Condition/ Been Treated in the Past	Never Been Diagnosed or Treated for this Condition
<b>NEUROLOGICAL</b>			
Migraines			
Paralysis			
Numbness			
Seizures			
Fainting Spells			
Vertigo			
<b>CARDIOVASCULAR/PULMONARY</b>			
Heart Pain			
High Blood Pressure			
Lung/Respiratory Issues			
Asthma			
Heart Murmur			
<b>OTHER</b>			
Severe Depression/Anxiety			
Diabetes (Insulin Dependent)			
Sickle Cell **			
Severe Weight Loss/Gain			
Environmental Allergies			
Skin Conditions/Allergies			
Food Allergies			
Gastrointestinal/Ulcers			
Heavy/Painful Menstrual Cycles			

\*\* All participants in University Band and athletics are required to submit a Sickle Cell Test.  
 More information provided to candidates selected for the team.

See next page for important disclaimers and information.

# HEALTH INVENTORY FORM – DISCLAIMER & CONSULTATION REQUESTS

## Disclaimer

Ladies auditioning for the ensemble must be in peak physical shape in order to keep up with the demands of a collegiate ensemble. Completion of the Health Inventory Form is critically important. Golden Delight is not a dance team. It is more like an extreme sport. Ladies are required to be in a variety of weather conditions from the hot July days of band camp to frigid rehearsals outdoors in January for the Honda Battle of the Bands. When talking with your physician or orthopedic specialist, please share the nature of this ensemble. We would liken it to more like boot camp, high intensity workouts, track, etc.

**The nature of our training and performances are not like typical marching band in high school or dance studio environments. Our routines and rehearsals include:**

- Movements that require agility- dropping quickly to the ground and getting up fast
- Marching and running on concrete surfaces for long periods of time
- Running and rigorous physical training daily for conditioning and show preparation
- Tumbling and acrobatic movements done repetitiously
- Dance choreography that includes ground work – meaning rolling around on the ground, on the knees, splits and more
- Going up and down stairs in stadiums
- Wear heels to dance and perform in
- Being on your feet and moving for long periods of time each day

Please do not withhold information or provide dishonest, false or misleading information on the Health Inventory Form. **Responses on the inventory do not determine selection decisions.** They are important for our staff and medical teams to consult with ladies and their parents in advance, prior to injury or serious illness. We must be aware of the full physical condition of our team members so we can best monitor, help and get appropriate treatment when necessary. This is solely for your safety as participation in this ensemble can create issues for pre-existing health challenges, - especially when our staff is unaware.

## Pre-Audition Consultation

If you believe it is necessary for you or a parent to consult with the Golden Delight Staff in relation to any information shared on this form, please send us an email to [goldendelightrecruitment@gmail.com](mailto:goldendelightrecruitment@gmail.com) and include your full name and a phone number where you can be reached. We will be happy to talk with you. Our goal is to be transparent about the rigorous nature of this performance ensemble. We desire to provide prospective members with information to help aid in your decision to audition and participate and be able to effectively monitor your health and safety.