



## School of Eurythmy Student Health Form

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*To be completed and signed by the doctor or medical authority concerned.*

Name of Applicant .....

General state of physical health:

General state of mental health:

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

What medications are currently being prescribed?

Previous treatment for any physical or mental condition? If so, give details:

Name of Physician..... Telephone .....

*(please print)*

Address .....

Physician's Signature..... Date .....

**Eurythmy Spring Valley - School of Eurythmy - Threefold Educational Foundation and School**

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