National Hispanic Environmental Council

STUDENT MEDICAL FORM

THE 5th ANNUAL

CA MINORITY YOUTH ENVIRONMENTAL TRAINING INSTITUTE

"6 Days of Learning, A Lifetime of Experience"

June 17 – 22, 2014 • CA State University – Channel Islands
(You must fill out this Form completely)

Please fill out this form and include it with your Application package. You must submit the Medical Form for your application to be considered. **You must fill out the Form completely, if you leave out any information, your application will not be considered.** Use additional paper as necessary.

NHEC needs this information so that Institute staff will know—in advance—of any special medical conditions you may have, rather than learning about them during the Institute, should a medical emergency arise. Also, in the event of injury or illness, this Form provides medical personnel with key information regarding your medical history. Because of this, it is vital that you be as complete, accurate, and truthful as possible. This Form is not used to screen out applicants.

GENERAL INFORMATION

Your Name: _____

Street Address: _____

City, State: _____ Zip Code: _____

Cell Phone: _____

E-Mail (student's and parents, if available): :

Student's:_____ Parents: _____

How old are you now? (Example 17, 18, etc.) _____

Birthdate: Month _____ Day _____ Year _____

US Citizen: ❑ **Yes** ❑ **No** **Permanent Legal Resident** ❑ **Yes** ❑ **No**

PERSON TO NOTIFY IN CASE OF EMERGENCY

Name: _____

Street Address: _____

City, State: _____ Zip Code: _____

Home Phone: _____

Day/Work Phone: _____ Cell Phone: _____

Relationship to you: _____

If the Above Person is Unavailable, please notify:

Name: _____

Street Address: _____

City, State: _____ Zip Code: _____

Home Phone: _____

Day/Work Phone: _____ Cell Phone: _____

Relationship to you: _____

MEDICAL INSURANCE INFORMATION

We strongly encourage you to have medical insurance and to bring your insurance card or other documentation with you to the Institute.

Insurance Carrier: _____

Policy Number: _____

Contact Phone Number (if applicable): _____

VITALS (You must provide all information—fill out every line—We mean it!)

Your date of birth:_____ Resting Pulse:_____ Blood Pressure: _____

Height:_____ Weight: _____ Blood Type: _____

EYES

Any problems with your eyes or vision?_____

Do you wear glasses or contacts? _____
(If so, we strongly recommend bringing an extra set of glasses or contacts to the Institute.)

ALLERGIES

Have you ever had a reaction to any medication, including aspirin? _____

If so, how severe are your reactions? Please explain: _____

_____

_____
(Please use a separate sheet of paper, if necessary)

Are you allergic to anything?_____Please list: _____

_____

_____

(please a separate sheet of paper, if necessary)

In particular, are you allergic to bee stings? _____

If so, how severe are your reactions? Please explain: _____

_____

_____

Do you carry an anaphylaxis kit? _____

ILLNESSES AND MEDICATIONS

List any recent illnesses: _____

_____

_____

List any accidents, operations, or hospitalizations and dates occurred: _____

_____

_____

List any exposure to infectious diseases and dates occurred: _____

_____

_____

Have you ever experienced any conditions or illness related to altitude? _____

If so, please explain, and tell us when:_ _____

_____

_____

Please describe any medications you are taking, why you are taking them, how much and how often:_____

_____

_____

_____

Note: **Participation in the Institute will require some physical exertion, including hiking, walking, and other physically and mentally demanding efforts.** Several times during the Institute, the coursework will take students to somewhat isolated areas without immediate access to medical facilities or medical staff. Given the above, please list all physical or mental limitations and/or restrictions of which you are aware:

_____

_____

_____

_____

Important: If you have no limitations or restrictions, please sign here: _____

TETANUS:

The danger of tetanus in natural areas can sometimes be severe. You must be inoculated against this fatal disease and you need a booster every ten (10) years.

Give the date of your most recent tetanus inoculation or booster: _____

PHYSICAL EXAMINATION

A recent physical examination is recommended and may be required by NHEC.

Date of most recent physical: _____

Doctor's name: _____

Address: _____

City, State_____ Zip_____

Phone Number:_____

SHIRT SIZE:

All students will receive a polo type shirt for use during and after the Institute. Please tell us your shirt size (check one):

❑ Small ❑ Medium ❑ Large ❑ XLarge

APPLICANT'S SIGNATURE: _____Date:_____

PARENT OR LEGAL GUARDIAN SIGNATURE: _____

Date: _____

(Required for all Applicants, even if you are over 18).
(PARENTS—you must sign your name clearly).

REMEMBER: Be sure to include this form with your application.