

National Hispanic Environmental Council



The 1st Annual NHEC Pacific Northwest Environmental Stem Institute

“9 Days of Learning ... a Lifetime of Experience”

June 2 – 10, 2018

Held at the University of Portland and National Forests, Parks, and other sites in and around Portland and Central Oregon

STUDENT MEDICAL FORM

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: _____

Student's E-Mail: _____

Parents E-Mail (if available): _____

How old are you now? (Example 19, 20, etc.) _____

Birthdate: Month: _____ Day: _____ Year: _____

Are you a U.S. Citizen: Yes No

Are you instead a Legal Permanent Resident: Yes No

Note: as this is a federally funded program only US Citizens and Permanent Legal Residents are eligible.

PERSON TO NOTIFY IN CASE OF EMERGENCY

Name: _____

Street Address: _____

City, State: _____ Zip Code: _____

Home Phone: _____

Day/WorkPhone: _____ Cell Phone: _____

Relationship to you: _____

If the Above Person is Unavailable, please notify:

Name: _____

Street Address: _____

City, State: _____ Zip Code: _____

Home Phone: _____

Day/WorkPhone: _____ 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. If you do not have medical insurance, students and/or their parents must be prepared to pay with a credit card for any medical treatments or medical costs you may incur. **NHEC is not liable for any medical treatments you may need or medical costs you may incur at the Institute.**

Insurance Carrier: _____

Policy Number: _____

Insurance Contact Phone Number: _____

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? Yes No

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

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

Are you allergic to anything? Yes No

If yes, please list: _____

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

In particular, are you allergic to bee stings? Yes No

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

Do you carry an anaphylaxis kit? Yes No

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: _____

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

Note: Participation in the Pacific Northwest Institute will require physical exertion, including hiking, walking, and other physically and mentally demanding efforts. Several times during the Institute the coursework and activities will take students to somewhat isolated areas without immediate access to medical facilities or medical staff. For your own safety it is important you list any physical or mental limitations and/or restrictions you may have for the PNW Institute.

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

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 Code: _____

Phone Number: _____

SHIRT SIZE

Students will receive a polo type shirt with the NHEC logo to wear at certain times during and after the Institute. Please tell us your shirt size (check one):

Small Medium Large XLarge

SIGNATURES

APPLICANT'S: _____ Date: _____

PARENT'S OR LEGAL GUARDIAN'S *(please sign your name clearly)*:

_____ Date: _____

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