

A Day with the Doctors 2018

ALL FIELDS ARE MANDATORY AND MUST BE COMPLETED BY THE PARTICIPANT IN ORDER TO BE CONSIDERED

Social Security #: _____ - _____ - _____ Date of Birth ____/____/____ Gender : Male Female

First Name: _____ Middle Name: _____ Last Name: _____

Ethnicity: Afr. American Am. Indian Asian Caucasian (White) Hispanic Other: _____

Mailing Address: _____ City: _____ State: _____ Zip : _____

Physical Address: _____ City: _____ State: _____ Zip : _____

Home Parish: _____ Home Phone : (____) _____ - _____ Student Cell Phone: (____) _____ - _____

Student Email: _____ Parent Cell Phone: (____) _____ - _____

Parents Name: _____

High School: _____ Graduation Year: _____ Current Grade: _____

Cumulative GPA (must be at least a 3.0): _____ Have you applied for this program before: Yes No

Have you participated in and completed any of the following programs (NOT applying for currently) :

AHEC of a Summer CI:Healthcare M.A.S.H.

List any health careers you are currently interested in: _____

T-Shirt Size: Small Medium Large X-Large XX-Large XXX-Large

MEDICAL INFORMATION:

Please list any medical conditions:

Please list any medication for the corresponding medical conditions:

Does the student have an allergy to latex: Yes No Does the student have any dietary restrictions: Yes No

Does the student require special assistance: Yes No Explain:

Emergency Contact: _____ Relationship: _____

Emergency Contact Cell Phone: (____) _____ - _____ Work Phone: (____) _____ - _____

Insurance Company: _____ Policy #: _____

**** Due to the potential risk of harm to the unborn fetus, pregnant females will not be allowed to participate in this program. If you are or believe you may be pregnant, please notify CLAHEC immediately. ****

In case of a serious illness, I hereby authorize hospital officials to make whatever arrangements necessary and to contact me immediately. I understand that it remains my responsibility to make any future changes in the information on this medical form as the need arises, by contacting Central Louisiana AHEC. Otherwise, this authorization will remain in effect as it appears this date. Neither Central Louisiana AHEC, LSU Health-Shreveport, LSU Health-New Orleans, nor Tulane School of Medicine assume responsibility for medical charges.

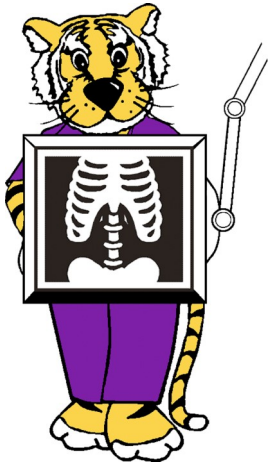
As the parent or guardian of the afore mentioned student, by checking this box, I give my child permission to apply for the Day with the Doctors program. Checking this box also authorizes Central LA AHEC the use of my child's image and statements; uses include, but are not limited to: photography, videotape, organizational web site, or print media. Additionally, I grant Central LA AHEC permission to use my child's personally identifiable information for the purposes of federal, state and grant tracking and reporting.

Student Signature _____ Date ____/____/____

Parent Signature _____ Date ____/____/____

A Day with the Doctors 2018

Building a Future for Health Care in Louisiana



A Day with the Doctors is a one-day interactive program that offers high school students who have an interest in becoming a physician, an opportunity to experience doctors' daily activities and life on LSU Health's Shreveport and New Orleans and Tulane School of Medicine campuses. Students learn diagnostic skills such as taking blood pressure, listening to heart sounds, taking a radial pulse, measuring respiratory rate and listening to breathing sounds.

Participants have the opportunity to interact with medical students where they discover admission requirements for medical school and explore the life of a medical student.

High school students currently enrolled as a junior or senior who have an interest in becoming a doctor may apply. Students must have at least a cumulative **3.0** grade point average. Additional program information is available online at www.clahec.org.

**Completed Application
must be postmarked no
later than November
14th**

Completed application packet MUST include:

- Completed application
- One letter of recommendation from your teacher, counselor, or high school principal
- Copy of your most recent transcript
- Personal essay explaining why you should be selected to participate and what you hope to gain

TYPED ESSAY REQUIRED

Completed application packets need to be mailed to the appropriate AHEC location depending upon your parish.

1410 Neel Kearby Blvd., Suite 125
Alexandria, LA 71303
Phone: 318-443-2855
Fax: 318-443-4255
Email: polly@clahec.org

7525 Picardy Ave.
Baton Rouge, LA 70808
Phone: 225-757-9845
Fax: 225-757-9097
Email: melanie@clahec.org

TURN OVER TO COMPLETE YOUR APPLICATION