

# A Day with the Doctors 2019

ALL FIELDS ARE MANDATORY AND MUST BE COMPLETED BY THE PARTICIPANT IN ORDER TO BE CONSIDERED. APPLICANTS WILL BE NOTIFIED NO LATER THAN NOVEMBER 26, 2018.

Last 4 Digits of 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 #: \_\_\_\_\_

Group #: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**\*\* 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 social and/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 \_\_\_\_/\_\_\_\_/\_\_\_\_

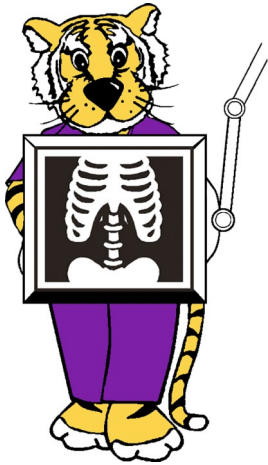
Parent Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## FOR OFFICE USE ONLY:

Date Recd.: \_\_\_\_/\_\_\_\_/\_\_\_\_  Accepted  IC  Alt.  Denied  Other \_\_\_\_\_

# A Day with the Doctors 2019

*Building a Future for Health Care in Louisiana*



**A Day with the Doctors** is a FREE 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 breath sounds.

Participants have the opportunity to interact with physicians and 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](http://www.clahec.org).

*\*\*\* Central LA AHEC provides transportation to and from the medical school. Students are responsible for transportation to and from the designated pick-up/drop-off locations. \*\*\**

**Completed Application  
must be postmarked no  
later than November 9th**

## **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: [robin@clahec.org](mailto:robin@clahec.org)

7525 Picardy Ave.  
Baton Rouge, LA 70808  
Phone: 225-757-9845  
Fax: 225-757-9097  
Email: [broffice@clahec.org](mailto:broffice@clahec.org)

**TURN OVER TO COMPLETE YOUR APPLICATION**