

National Hispanic Environmental Council



17TH ANNUAL NHEC NM ENVIRONMENTAL STEM INSTITUTE

AUGUST 6-15, 2021

To be held at

**NATIONAL FORESTS, NATIONAL PARKS, FEDERAL RESEARCH STATIONS,
AND MORE IN ALBUQUERQUE, LAS CRUCES, SANTA FE AND OTHER
PUBLIC/PRIVATE LANDS IN NEW MEXICO**

“10 DAYS OF LEARNING, A LIFETIME OF EXPERIENCE”

MEDICAL FORM

You must answer all questions.

Please fill out this form and include it with your Application package. You must complete and submit the Medical Form for your application to be considered by NHEC.

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

Name: _____

Street Address: _____ City, State: Zip Code: _____

Home Phone: _____ Cell Phone: _____

Student's Personal Email: _____ School Email: _____

Birthday--Month/Day/Year: _____ How old are you now? _____

PERSON TO NOTIFY IN CASE OF EMERGENCY

Name of Mother: _____ Street Address: _____

City, State, Zip Code: _____ Day/Work Phone: _____

Evening Phone: _____ Cell Phone: _____

Name of Father: _____ Street Address: _____

City, State, Zip Code: _____ Day/WorkPhone: _____

Evening Phone: _____ Cell Phone: _____

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

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

Height: _____ Weight: _____ Blood Type: _____

COVID

Have you ever had Covid 19 or any variants? Yes ___ No _____

If yes, describe here where and when; what were your symptoms; and how long did they last: _____

If yes, do you have any lingering medical issues. If yes describe here: _____

Have you been vaccinated against Covid? Yes ___ No _____

Which vaccine did you receive? _____

Date and Location of your vaccination: _____

Have you attached your official CDC proof-of-vaccination card? _____

EYES

Describe 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 over the counter meds including aspirin, ibuprofen, etc? Yes ___ No _____

If yes, which medications? _____

If yes, how severe were or are your reactions? Please explain: (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 and dates occurred: _____

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 NM Institute will require some 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 Institute.

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 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 (circle one):

Small _____ Medium _____ Large _____ X-Large _____

APPLICANT SIGNATURE: _____

DATE: _____

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