

2007 Michigan Tech REU in Sustainability Health History Information

PLEASE PRINT -- COMPLETELY FILL OUT AND RETURN THIS FORM BY MAY 16, 2007

1. Student Information

Student's Full

Name _____

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Birthdate _____ Social Security Number _____

Address _____ City & State _____

Zip _____ Email _____

Telephone _____ Cell Phone _____

Parent/Guardian Name _____

Telephone Day (____) _____ Evening (____) _____

2. Emergency Contacts

Please note that the emergency contacts should be someone other than the parent/guardian listed above (In the event of an emergency, the parent/guardian is the initial contact).

1. Name: _____ Relation to participant: _____

Telephone: Day (____) _____ Evening (____) _____

2. Name: _____ Relation to Participant: _____

Telephone: Day (____) _____ Evening (____) _____

3. Insurance Information

Do you have health insurance: Yes No (if no, skip to the top of page 2)

If Yes: Please provide the name and address of insurance company: _____

All relevant policy numbers for the health insurance: _____

Policy holder's name, relationship to student, and address of policy holder: _____

Name and address of policy holder's employer: _____

Work Telephone (____) _____ Policy Holder's Social Security Number _____

If you have HMO, IHS, or PHP insurance, please list emergency phone number for treatment authorization purposes:

Name of participant's doctor _____ Telephone Day (____) _____

Please Turn Over ⇨

If No: The following acknowledgement of risk statement must be signed in order for you to participate

I have no health insurance. I realize the risk I am taking and any injury I may receive is my responsibility. I will assume responsibility for all costs incurred.

Signature _____ Date _____

4. Health History

Please put a check mark in the box next to medical difficulties the participant has had or is currently experiencing.

- Asthma Back Problems Epilepsy High Blood Pressure Other _____
- Dislocations Joint Problems Heart Problems Diabetes

Indicate your level of fitness:

- Little or no exercise on a regular basis Occasional exercise, 1 or 2 times a week Vigorous exercise (e.g. 20 minutes of running, fast walking, etc.) 3 times a week or more

For any conditions checked above, please describe symptoms/conditions, how often they occur, how long they last, and how you care for them.

Do you have allergies (e.g., foods, medications, or local anesthetics)?

Do you currently have any infectious diseases? If so, explain:

Do you have any limiting physical or health disabilities or handicaps (temporary or permanent) that you or the doctor feel would limit the participation in this program? Explain:

Please explain in detail any additional information on any behavioral or emotional limitations that you might have.

Please list any medication you are taking as well as the correct dosage (Including over-the-counter medications and vitamins):

Are all immunizations up to date: Yes No Date of last Tetanus Shot: _____

5. Official Authorization/Consent

In consideration of the acceptance of _____ as a student in the Michigan Technological University REU in Sustainability, I affirm that the confidential medical information, which has been provided, is accurate and complete. I understand that failure to disclose this information could affect my own safety and those around me, and I agree to hold Michigan Technological University harmless if full disclosure of a pre-existing medical condition has not been provided. I agree that participation in the REU Program is at my own risk and understand that parts of the program may be physically or emotionally demanding. Knowing that the staff has planned for these risks in a rational and safe manner, I hereby acknowledge that I am aware of these risks and I agree to follow all safety instructions and ask questions if I do not understand. **By signing this form, you are granting Michigan Technological University authority to secure emergency medical/surgical treatment for you while attending the REU Program if there is insufficient time to contact a parent/guardian. You are also giving MTU permission to secure routine, non-surgical medical care for you while attending the program.** Your signature also authorizes publication of the fact that you are participating in this program, unless you request in writing that this information be kept confidential. Publication could include notice in you local paper from our news bureau of your attendance and use of photos and statements in our literature and for any other affiliated educational programs. In addition, during the checkout process, every student's room will be examined. In the event that there has been any damage to the property of MTU, those individuals responsible will be billed.

I, _____, do hereby authorize the REU Program to seek any emergency, routine medical or surgical treatment necessary for my care.
Student signature Date: _____