

DAY WITH DOCTORS

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

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 Day with AHEC 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 #: _____

PROGRAM RESTRICTIONS AND WAIVER

**** Due to the potential risk of harm to the unborn fetus, pregnant females will NOT be allowed to participate. **
If you have COVID symptoms, as outlined by the CDC, before or during the program, you will NOT be allow to participate. Please notify the BNAHEC Office 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 Bayou North AHEC. Otherwise, this authorization will remain in effect as it appears this date. Neither Bayou North AHEC nor LSU Health-Shreveport assume responsibility for medical charges.

As the parent or guardian of the afore mentioned student, I give my child permission to apply for the Day with the Doctors program. I also authorize Bayou North 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 Bayou North 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 ____/____/____

DAY WITH DOCTORS



Day with 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 campus. 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

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.bnahec.org.

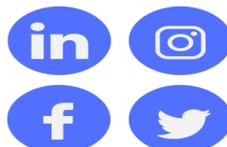
**Contact the BNAHEC
Office for the Application
Deadline Date!**

Completed application packet **MUST** include:

- Completed Bayou North AHEC 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 (250 words or less TYPED)

MAIL OR UPLOAD COMPLETED APPLICATIONS TO APPLICATIONS@BNAHEC.ORG

1513 Doctors Dr, Suite 2A
Bossier City, LA 71111
Phone: 318-746-0044
Fax: 318-746-0045



4864 Jackson Street
Monroe, LA 71202
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