

A Day with the Doctors

***ALL FIELDS MUST BE COMPLETED IN ORDER TO BE ELIGIBLE TO PARTICIPATE**

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

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

Ethnicity: ☐ Afr. American ☐ Am. Indian ☐ Asian ☐ Caucasian ☐ Hispanic ☐ Other: _____

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

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

Home Parish: _____ **Home Phone :** (____) _____ - _____ **Parent Cell Phone:** (____) _____ - _____

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

Parents Name: _____

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

Current 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:

☐ AHEC of a Summer ☐ M*A*S*H ☐ Day With AHEC

List any health careers you are currently interested in: _____

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

MEDICAL INFORMATION:

Check only if condition is reoccurring:

☐ Diabetes ☐ Hemophiliac ☐ Allergy ☐ Asthma ☐ Hearing Aid ☐ Heart Condition ☐ Wears Glasses ☐ Neuro/Muscular

If other, please explain: _____

If any are checked, please explain: _____

Is the student on any type of medication: ☐ Yes ☐ No **Prescription/Dosage:** _____

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 BNAHEC 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, by checking this box, I give my child permission to apply for the Day with the Doctors program. Checking this box also authorizes 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** ____/____/____

A Day with the Doctors

Building a Future for Health Care in Louisiana



LSU Health Shreveport

HEALTH SCIENCES CENTER

A Day with the Doctors is a one-day interactive program that offers high school juniors and seniors, interested in becoming a physician, an opportunity to experience doctors' daily activities and life on LSU Health-Shreveport's 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 also have the opportunity to interact with medical students where they discover admission requirements for medical school and explore the life of a medical student.

Students must have at least a **3.0** grade point average. Applications are available from your school counselor or download printable versions at www.bnahec.org.

**Completed Application
must be postmarked no
later than Nov. 2**

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
- Typed personal essay (250 words or less) explaining why you should be selected and what you hope to gain from the experience

Mail completed application packet to the address below:



BAYOU NORTH
AREA HEALTH EDUCATION CENTER

1513 Doctors Drive, Suite 2A
Bossier City, LA 71111
Phone: 318-746-0044; Fax: 318-746-0046

TURN OVER TO COMPLETE YOUR APPLICATION