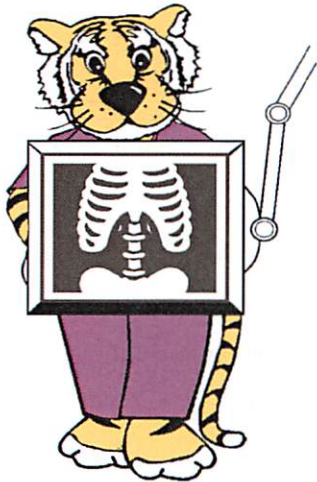


# DAY WITH DOCTORS 2022

BUILDING A FUTURE FOR HEALTH CARE IN LOUISIANA



## 2022 PROGRAM DATES:

WED., Jan. 26, 2022:  
Northwest LA Parishes

WED., Feb. 2, 2022:  
Northeast LA Parishes



**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](http://www.bnahec.org).

**Completed application  
packets must be submitted  
by Nov. 8, 2021**

### 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](mailto:APPLICATIONS@BNAHEC.ORG)**



1513 Doctors Dr., Ste. 211  
Bossier City, LA 71111  
Phone: 318-746-0044  
Fax: 318-746-0046

# DAY WITH DOCTORS 2022

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 allowed 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 \_\_\_\_/\_\_\_\_/\_\_\_\_