

NOTE - PLEASE ANSWER EVERY QUESTION COMPLETELY

NEW MEXICO MILITARY INSTITUTE HEALTH & CONSENT FORM

Name of Applicant: _____

ID Number: _____ Social Security Number: _____

Has the applicant ever had the following special problems or is the applicant under any treatments?

Check diseases and/or conditions experienced:

- | | | | |
|--------------------------------------|--|--|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Seizures | <input type="checkbox"/> Measles / Mumps | <input type="checkbox"/> Post Concussive Syndrome |
| <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Fainting or Syncopal Episodes | <input type="checkbox"/> Meningitis | <input type="checkbox"/> Tonsillitis |
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Frequent Headaches | <input type="checkbox"/> Pneumonia | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Heat Injury |
| <input type="checkbox"/> Ear Trouble | <input type="checkbox"/> Hives | <input type="checkbox"/> Skin Rash | <input type="checkbox"/> Other _____ |

(1) Do you have any allergies including medication and food? **NO / YES** (CIRCLE ONE) If yes, please list. _____

(2) Have you ever had psychiatric or psychological treatments, medication or hospitalization or an eating disorder? **NO / YES** (CIRCLE ONE) If yes, please comment on separate sheet.

(3) Any past/present history of epilepsy, convulsions, bed-wetting, weight loss, or long periods of time loss from past school? **NO / YES** (CIRCLE ONE) If yes, please list. _____

(4) Are you currently taking any medication? **NO / YES** (CIRCLE ONE). If yes, please list. _____

(5) History of fainting spells, blacking out, or other related disorders? **NO / YES** (CIRCLE ONE). If yes, please comment on separate sheet or by doctor's letter.

(6) Any history of major operations/illness within the past 5 year period? **NO / YES** (CIRCLE ONE). If yes, please comment on separate sheet.

(7) Any restrictions on physical activity? **NO / YES** (CIRCLE ONE). If yes, please comment on separate sheet or by doctor's letter.

(8) It is required by the State of NM Law that all immunizations are up to date and on file at the infirmary prior to admission to the Institute. If immunization information is missing, the medical form will be returned for your completion. ***If you wish the infirmary to update immunizations needed, please sign here:*** _____

(PARENT SIGNATURE REQUIRED IF UNDER 18)

(APPLICANT SIGNATURE)

(9) I **(do) (do not)** (CIRCLE ONE) authorize NMMI Infirmary to administer the influenza vaccine on a yearly basis while the applicant is attending NMMI. In the event of an infectious disease outbreak, i.e., influenza, etc. NMMI will coordinate parental notification of those cadets without parental authorization through local public health agencies. Cadets refusing mandatory immunization during an outbreak may be immediately disenrolled from NMMI upon counsel of the New Mexico Department of Health.

PLEASE NOTE: Those who should **not** be vaccinated are:

1. Anyone who has an allergy to eggs.
2. Cadets who are ill at the time of scheduled vaccinations will not be vaccinated until symptoms abate.
3. Individuals prone to the Guillain-Barre syndrome.

(OVER)

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The following conditions are considered disqualifying for admission to New Mexico Military Institute.

- A. Epilepsy or previous seizures with current treatment
- B. Diabetes requiring special diet and insulin therapy
- C. Blindness
- D. Deafness
- E. Chronic renal disease
- F. Chronic cardiac disease
- G. Severe symptomatic asthma
- H. Any severe neuromuscular or orthopedic disease which would interfere with the cadet's performance and physical activity in accordance with New Mexico Military Institute's requirements.
- I. Any other substantial physical or mentally limiting condition which, in the opinion of the medical staff, would interfere with the cadet's ability to function satisfactorily at the New Mexico Military Institute.

Behavioral Standards considered disqualifying for admission.

- Any felony criminal conviction
- Any other conviction where the student is still on probation
- Any permanent dismissal from any school
- Been suspended three or more times from schools attended in the last three years
- Any attempted suicide
- Manic-depressive disorder, bipolar disorder, regularly scheduled psychological counseling or any other severe psychological disorders or limiting condition which in the opinion of the medical staff would interfere with the cadet's ability to function satisfactorily at the New Mexico Military Institute, demonstrated an inability to meet the existing NMMI admissions requirements without significant accommodation that would alter the missions of the Institute
- A drug addiction
- An alcohol addiction

I do hereby give permission to New Mexico Military Institute - Marshall Infirmary health care professionals and/or NMMI contracted health care staff - to treat my son/daughter/myself on a routine and emergency basis. I also authorize the New Mexico Military Institute employed or contracted health care professionals to refer my son/daughter/myself to an appropriate local health care facility/office in the Roswell community, the Eastern New Mexico Medical Center Hospital or Lovelace Hospital for further evaluation, treatment, or hospitalization as deemed necessary. Failure to disclose all medical conditions could result in denial of Admission.

I certify that the information provided herein is true and correct to the best of my knowledge.
I fully understand that I am responsible for medical charges.

Date: _____ (YEAR) X _____ (SIGNATURE OF APPLICANT)

Phone #: _____ X _____ (SIGNATURE OF PARENT OR GUARDIAN IF UNDER 18)

Emergency Phone #: _____ (MAILING ADDRESS)

Email: _____ (Email of Parent if under 18) _____ (CITY AND STATE) _____ (ZIP CODE)

NOTE: Copies of current medical, dental, and prescription cards (front and back) must be in cadet's medical chart for proper billing of extraneous services.