

New Mexico Military Institute

MEDICAL HEALTH AND CONSENT

(This page completed by applicant)

PLEASE PRINT

NAME: LAST FIRST M.I. Date of Birth

Have you ever had, or do you now have, any of the following? If "Yes", please explain under "Remarks."

Yes	No	(Check each item)	Yes	No	(Check each item)
		Dizziness, loss of consciousness, or fainting			Eating disorder (anorexia, bulimia)
		High blood pressure or stroke			Eye problems or vision changes
		Hay fever or seasonal allergies			Wears glasses or contact lenses
		Reactions to medications, foods, bugs			Hearing loss or recent ear infections
		Surgery, or consult with a surgeon			Visit to a rheumatologist
		Concussions or head injuries			Frequent persistent colds
		Frequent or severe headaches, migraines			Sinus infections/sinusitis
		Dental pain, tooth or gum problems			Mouth or nose problems
		Epilepsy, seizures, convulsions, or fits			Tooth or gum problems
		Scarlet fever, rheumatic fever			Thyroid or throat problems
		Tumor, cysts, unusual growth or cancer			Problems w/ testicles, scrotum, penis
		Visit to a cardiologist or heart specialist			Problems with menses, breast, paps
		Chest pain or pressure, palpitations			Muscle weakness, paralysis, lameness
		Heart problems (murmur, rhythms)			Painful or swollen joints
		Shortness of breath with exercise			Dislocations
		Asthma (reactive airways), recurrent wheeze			Bone problems, bone fractures
		Chronic cough, lung disease, bronchitis			Back or neck pain
		Tuberculosis, or close contact with persons			Wears a brace or splint
		Diabetes, blood sugar too high, too low			Bone or joint deformity
		Stomach, liver, gall bladder problems			Leg cramps or persistent foot pain
		Hepatitis, jaundice, liver problems			Attempted suicide, thoughts of suicide
		Gastroesophageal reflux/GERD			Depression, excessive worry, anxiety
		Intestinal disease (Crohn's disease, UC)			Bipolar disorder, schizophrenia, psychosis
		Coughed up blood or committed blood			ADD/ADHD learning disability, speech
		Hemorrhoids, or rectal disease			Visit to psychiatrist, counselor, therapist
		Black or bloody stools			History of self-harming, "cutting"
		Kidney stones, kidney infections or problems			Excess bleeding, easy bruising, clotting
		Frequent or painful urination, blood in urine			Visit to a hematologist or oncologist
		Hernia or rupture			Skin problems
		Other significant illness / surgery			Current wounds

Allergies (medication, food, environmental):

None known (list allergies) _____

Explain each "Yes" above:

(Continue to page 2)

I. INFLUENZA VACCINATION

- _____ I DO GIVE CONSENT FOR INFLUENZA VACCINE
- _____ I DO NOT GIVE CONSENT FOR INFLUENZA VACCINE
- I 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.

II. DISQUALIFYING CONDITIONS – the following conditions are considered disqualifying for admission.

- Epilepsy or previous seizures with current treatment
- Diabetes requiring special diet and insulin therapy
- Blindness
- Deafness
- Chronic renal disease
- Chronic cardiac disease
- Severe symptomatic asthma
- Any severe neuromuscular or orthopedic disease which would interfere with the cadet’s performance and physical activity in accordance with NMMI requirements.
- Any other substantial physically- or mentally-limiting condition which, in the opinion of the medical staff, would interfere with the cadet’s ability to function satisfactorily.

III. BEHAVIORAL STANDARDS considered disqualifying for admission

- Any felony criminal conviction or probationary conviction
- Any permanent dismissal from any school or suspensions within 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 medical staff interferes with the cadet’s ability to function satisfactorily at NMMI, demonstrate an inability to meet the existing NMMI admission requirements without significant accommodation that would alter the missions of the institute
- Drug addictions or alcohol addiction

IV. CONSENT

- 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 or Lovelace Hospital for further evaluation, treatment, or hospitalization as deemed necessary. Failure to disclose all medical conditions could result in denial of admission

Date: _____

Phone: _____

Address _____

Signature of Applicant

Signature of Guardian

Date

Email

In the event you would like to call the infirmary to receive information about your cadet, please provide a password for your cadet’s protected health information: _____

New Mexico Military Institute
MEDICAL INFORMATION
(This page completed by applicant)

PLEASE PRINT: DATE (mm/dd/yy) ____/____/____

NAME: Last First Middle

Social Security Number (SSN)

Street Address

City

State

Zip

Home Phone

Work Phone

Date of Birth (mm/dd/yy) Sex (M / F)

Father's Name

Mother's Name

Email address

Emergency Contact Name

Emergency Phone #

Military dependent: YES / NO

If "Yes" give sponsor's SSN: _____

TRICARE Standard ____ TRICARE Prime (Charleston PCM only) ____

Medications: Do you take any medications on a regular basis? If so, please list them here:

Notes:

1. Failure to report all current and previous physical & mental conditions will be grounds for medical review and possible termination of your cadet career with forfeiture of appropriate tuition and fees.
2. Cadets must complete all physical aspects of the Recruit At Training Period (first 21 days of school). This includes running, sit-ups, push-ups, running up/down stairs, rifle manual, marching in formation, and a variety of other physical activities. Because initial cadet training is only offered once, Cadets who miss more than 30% of this training period due to injury or illness will be referred for medical review and possible medical discharge for the semester.