



CAMP APPLICATION

Thank you for applying to **Nursing Camp in Summer at UC Irvine**.

The **Nursing Camp in Summer at UC Irvine** is a one-week summer program that introduces the nursing career discipline to high school students. **NCIS: UCI** offers an engaging curriculum based on classroom and boot camp simulation workshops that will provide hands-on experience to nursing skills. Students will also work on writing a college personal statement and creating a health education research project. At the conclusion of the week, students will have the opportunity to present their research projects at the camp reception for family and friends.

To learn more about **NCIS: UCI**, please visit <http://www.nursing.uci.edu/ncis>

ELIGIBILITY:

- High school students entering their junior or senior year in the fall of 2017
- Over the age of 15

CAMP APPLICATION CHECKLIST:

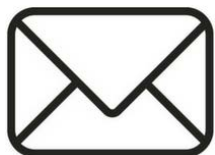
- Camp Application
- Waiver of Liability
- Consent to Photograph/Video
- FOR SCHOLARSHIP APPLICANTS, PLEASE ALSO INCLUDE:
 - Scholarship Application
 - Student's High School Transcript (official or unofficial)
 - Letter of Recommendation (by teacher or counselor)

PLEASE NOTE:

- You must be over the age of 15 to participate.
- **NCIS: UCI is a DAY camp program.** Overnight accommodations are NOT provided.

DEADLINE: April 30, 2017

MAIL YOUR COMPLETED APPLICATION TO:



ATTN: NCIS: UCI
Sue & Bill Gross School of Nursing
University of California, Irvine
106 Berk Hall
Irvine, CA 92697-3959

Questions?

Contact the program coordinator:

Phone: (949) 824-3630

Email: lsapolu@uci.edu



Sue & Bill Gross School of Nursing
University of California, Irvine
106 Berk Hall
Irvine, CA 92697-3959
Phone: (949) 824-3630

CAMP APPLICATION

Last Name: _____ First Name: _____

Birthdate: _____ School: _____ Fall 2017 Grade: _____

Phone: _____ Email: _____

Parent/Guardian Name: _____

Street Address: _____

City, State, ZIP: _____

Day Phone: _____ Evening Phone: _____

Emergency Contact (other than parent or guardian)

Name: _____

Phone: _____ Relationship: _____

Which of the phrases below best describes your racial/ethnic background? (optional)

African American/Black

Caucasian/White

American Indian/Alaskan Native

Hispanic or Latino/a origin

Asian-American, Pacific Islander

I prefer not to respond

How did you hear about NCIS: UCI? (check all that apply and please specify)

Friend/Relative

Poster/flyer

UCI Faculty/Staff: _____

Teacher/Counselor

Internet

Other: _____

OFFICE USE ONLY – PAYMENT INFORMATION

Amount enclosed: _____ Date: _____

Cash

Check #: _____

STUDENT HEALTH FORM

Last Name: _____ First Name: _____

Personal History *Comment on all positive answers below.*

DO YOU HAVE ANY ALLERGIES? Write "YES" if applicable.	
Penicillin	
Sulfonamides	
Peanuts	
Bees, wasps	
Other: _____	
Do you receive allergy injections?	
HAVE YOU HAD... ? Write "YES" if applicable.	
Mononucleosis	
Chickenpox	
Hepatitis B	
Hepatitis C	
HIV	
Tropical disease	
Specify:	
Hearing disabilities	
Vision problems	
Corrective lenses	
Asthma	
Respiratory disorder	
Heart disease	
High blood pressure	
Stomach or intestinal disorders	
Menstrual cycle disorders	
Kidney disease	
Sexually transmitted diseases	
Anemia	
Blood disorders	
Diabetes	
Thyroid disease	
Other: _____	

HAVE YOU HAD... ? Write "YES" if applicable.	
Headaches	
Migraines	
Neurological disorder	
Seizures	
Alcohol abuse problems	
Other drug use problems	
Smoking/tobacco use	
Eating disorder	
Depression	
Anxiety	
ADD, ADHD	
Diagnosed learning disorder	
Other psychological disorder	
Cancer	
Chronic medical condition	
Specify:	
Surgery or serious injury	
Serious head injury	
Concussion	
Mobility disorder	
Organ loss	
Other: _____	
Current prescription medicines – list	
Current non-prescription medicines – list	

Remarks or additional information: _____

TO PARTICIPANT, PARENT, OR GUARDIAN

Is there anything else about the participant that we should know about? Yes No If "Yes," explain.

Is the participant now under treatment or medication for any medical/emotional condition? Yes No If "Yes," explain.

Tuberculosis (TB) Screening Questionnaire (to be completed by the student)

Have you ever had a positive TB skin test in the past?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever had close contact with persons known or suspected to have active TB disease?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Were you born in one of the countries listed HERE that have a high incidence of active TB disease? (If yes, please specify the country: _____)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you had frequent or prolonged visits to one or more of the countries listed HERE with a high prevalence of TB disease? (If yes, please specify the country: _____)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been a resident and /or employee of high-risk congregate settings (e.g., correctional facilities, long-term care facilities, and homeless shelters)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been a volunteer or health-care worker who served clients who are at increased risk for active TB disease?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been a member of any of the following groups that may have an increased incidence of latent M. tuberculosis infection or active TB disease, medically underserved, low-income, or abusing drugs or alcohol?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been told by a health care provider that your immune system is not working right or cannot fight infection? (e.g. immune disorder or illness such as HIV infection)	<input type="checkbox"/> Yes <input type="checkbox"/> No

For a full list of countries to answer the previous questions, please refer to <http://www.who.int/tb/country/data/profiles/en/>.

- ❖ If the answer to ALL of the above questions is "NO", Tuberculosis (TB) Testing is not required.
- ❖ If the answer is "YES" to any of the above questions, UC Irvine requires that you receive TB testing as soon as possible.

Please have your health care provider complete the "Tuberculosis (TB) Testing" below.

Tuberculosis (TB) Testing (to be completed by a licensed medical professional)

- ❖ Please have a licensed medical professional complete this section if you answered "YES" to any of the questions on the "Tuberculosis Screening Questionnaire." If you answered "NO" to all of the questions you may skip this section.

<p>Tuberculin Skin Test (TST): Date Given: _____ Date Read: _____ Result: _____ mm (Check one): <input type="checkbox"/> Negative <input type="checkbox"/> Positive <u>OR</u> Interferon Gamma Release Assay (IGRA) *Recommended if the student had prior history of BCG: Specify Method : <input type="checkbox"/> QFT-G <input type="checkbox"/> QFT-GIT <input type="checkbox"/> T-SPOT <input type="checkbox"/> Other: _____ Date of Test: _____ Result: <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Indeterminate <input type="checkbox"/> Borderline (T-Spot only)</p>
<p>Chest X-Ray (Required if TST or IGRA is POSITIVE) Date of Chest X-Ray: _____ Result: _____</p>
<p>History of INH (Isoniazid) Treatment and or other TB drug treatment? : <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Date Initiated: _____ Date Completed: _____ <input type="checkbox"/> Treatment ongoing</p>
<p>Medical Professional completes: Name: _____ Professional Title: _____ License No.: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ FAX: _____ Email: _____ @ _____ Signature: _____ Date: _____</p>

CAMP APPLICATION – PLEASE READ AND COMPLETE

IMPORTANT:
PARTICIPATION IN THE **Nursing Camp in Summer at UC Irvine** PROGRAM DEMANDS A COMMITMENT OF ATTENDANCE JULY 31, 2017 – AUG 4, 2017 FROM 8:00AM-4:00PM.

NCIS: UCI IS A DAY CAMP AND DOES NOT OFFER OVERNIGHT ACCOMMODATIONS. TRANSPORTATION IS YOUR RESPONSIBILITY.

THE UNIVERSITY OF CALIFORNIA, IRVINE SUE & BILL GROSS SCHOOL OF NURSING AND **NCIS: UCI** RESERVES THE RIGHT TO REMOVE STUDENTS FROM THE SUMMER PROGRAM AT ANY TIME FOR MISCONDUCT OR NON-COMPLIANCE WITH POLICIES AND PROCEDURES.

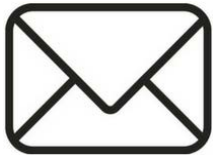
I CERTIFY THAT I FULLY UNDERSTAND THE ABOVE GUIDELINES AND THAT THE INFORMATION GIVEN IN THIS APPLICATION IS TRUE AND CORRECT.

Signature of Applicant: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

The University of California, Irvine is an Equal Opportunity/Affirmative Action Employer advancing inclusive excellence. All qualified applicants will receive consideration without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, disability, age, protected veteran status, or other protected categories covered by the UC nondiscrimination policy.

Return completed Camp Application to:



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