



**14) Permanent Address/Contact Info:**

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Country

\_\_\_\_\_  
Email

\_\_\_\_\_  
Website

\_\_\_\_\_  
Main Contact Phone

\_\_\_\_\_  
Other Phone

**15) Emergency Contact Information:**

\_\_\_\_\_  
Name of Contact

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Country

\_\_\_\_\_  
Email

\_\_\_\_\_  
Phone

**Part III – Health Information** All applicants are required to supply the following health information. NDI classes are held in remote areas with limited to no access to medical care. The rotation can be physically demanding. Please let us know of any limitations or medical conditions that may for any reason interfere with your ability to fully participate.

**16) Do you have any medical/surgical condition(s) that require you to see a physician regularly?**  No  Yes:  
If yes, please explain: \_\_\_\_\_

**17) Have you had any medical condition that is now stable, that may recur while traveling?**  No  Yes:  
If yes, please explain: \_\_\_\_\_

**18) Please list any physical limitations that you have (such as impaired vision, hearing, breathing, mobility, etc):**  No  Yes: If yes, please specify: \_\_\_\_\_

**19) Do you have a history of mental or emotional instability for which you have sought medical attention?**  No  Yes: If yes, please explain: \_\_\_\_\_

**20) Are you currently under the care of a physician**  No  Yes: If yes, please explain:  
\_\_\_\_\_

**21) Are you taking prescription and over-the-counter medications?**  No  Yes: If yes, please list medication and reason. \_\_\_\_\_

**22) Do you have allergies?**  No  Yes: if yes, list all **allergies** that you have (including medication, food, environmental, etc) \_\_\_\_\_

**23) Do you have any dietary restrictions?**  No  Yes: if yes please explain:  
\_\_\_\_\_

*We cannot accommodate dietary restrictions, including vegetarians – specialty diets may not be available.*

**24) Do you have health insurance?**  No  Yes *Note: Health insurance is required.*