

Appendix Q9 - Certificate of Health and Insurance Coverage

Note: This certificate is designed to provide the NSTI staff with information concerning your child's health and general welfare. If the applicant is selected for an NSTI scholarship, the information will be used for the participant's safety and welfare while on the <<Host Site>> campus.

(Please Print Clearly)

Applicant's Name: _____ Age: _____

Gender: _____

Address: _____

List all past and present illnesses or injuries:

Does the applicant have a history of any of the following? If yes, please check all that apply and provide a brief explanation in each case.

Heart Disease (Mitral Valve Prolapsed, Murmur)	
Lung Disease (Tuberculosis, Asthma)	
Neurological (Seizures, Migraine)	
Mental Health	
Fainting	
Sinusitis	
Hearing Loss	
Anemia/Sickle Cell Disease or Trait	
Rheumatic Fever	
List any past surgeries or hospitalizations:	
List any injured or broken bones (Neck, Collar Bone, Ankle, Arm)	
List any allergies to food, medications, etc.	
List any lengthy illness:	
List any visual problems:	

Is the applicant currently taking any medication? If yes, please provide the information below:

Name of Medication	Dosage	Purpose

