

*Young Marines*

*Enrollment*

*Package*

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# Young Marine Record Book

## Personal Information

### Part I

Enrollment Date: \_\_\_\_\_ Rank: \_\_\_\_\_  
Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial \_\_\_\_\_  
Male/ Female: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Young Marine's Email Address: \_\_\_\_\_ Expected H.S. graduation date (mm/yyyy) \_\_\_\_\_  
Home Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Living with: \_\_\_\_\_ Mother & Father \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Legal Guardian

## Mother's Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial \_\_\_\_\_  
Home Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_  
Cell Phone: (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

## Father's Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial \_\_\_\_\_  
Home Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_  
Cell Phone: (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

## Legal Guardian's Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
Jurisdiction and Court Docket Number: \_\_\_\_\_  
Home Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_  
Cell Phone: (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_



**Primary Emergency Contact**

(Check if applicable) Contact is the same as: \_\_\_Mother \_\_\_Father \_\_\_Legal Guardian

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial.: \_\_\_\_\_

Home Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ Pager: (\_\_\_\_) \_\_\_\_\_

Other: (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

**Alternate Emergency Contact Information (Other than Parents/Guardian)**

**Alternate #1**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

**Alternate #2**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial.: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

**Medical Insurance Information (Please provide copy of front & back of medical card)**

Name of Medical Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Contact Telephone Number: (\_\_\_\_) \_\_\_\_\_



# Young Marine Contract and Obligation

## PLEASE COMPLETE, READ, AND SIGN

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

## UNDERSTANDING AND CONDITIONS

1. I understand that I am joining the Young Marines of my own free will and desire. I know that the training will be challenging, but I will accept it and shall always try to do my best.

2. I understand that I am bound to obey all orders and instruction given from time to time by instructors, staff and Young Marines appointed over me in accordance to the rules and regulation governing the discipline of the Young Marines.

3. I understand as a Young Marine in good standing I have the following rights:

- • Attend scheduled meetings, events and activities that are purposeful, planned and organized.
- • Meet in a safe, drug and tobacco-free environment under the supervision of Registered Adults.
- • Be treated fairly with dignity and respect.
- • Have opportunities to succeed and excel.
- • Report any inappropriate action by other Young Marines or adults.
- • Receive a copy of the Young Marines Esprit Magazine in the Fall, Winter, Spring, and Summer.

4. **Young Marine - Core Values.** Every United States Marine upholds the core values of Honor, Courage and Commitment. These values give Marines their strength, regulate their behavior, and bond them together into a force, like no other, capable of overcoming every obstacle and meeting any challenge. The Young Marines' Core values are Discipline, Leadership and Teamwork.

a. **Discipline.** Discipline requires that Young Marines show instant willingness and obedience to the rules of the Young Marine program, their parent's rules, and the laws of the land. Discipline also dictates a respect for authority. Young Marines will:

- 1) Follow all rules and regulations set forth in the Young Marine Guidebooks and manuals.
- 2) Follow the rules of the home and of their parents, completing chores, obeying curfews, and assisting in the home when needed.
- 3) Follow all laws of our government and have respect for our leaders, police and those in charge of us.

b. **Leadership.** Leadership is the ability to influence others. A good leader is able to effectively pass on from their leaders all that is expected to be accomplished. A true leader leads by example. Young Marines will:

- 1) Aspire to positively influence the fellow Young Marines all the time.
- 2) Accomplish their mission by completing all tasks assigned by their leaders and those in charge of them from their parents, teachers, coaches and Young Marine adult leaders.

c. **Teamwork.** Teamwork is co-operation between those working together on a task. To truly understand teamwork, Young Marines must learn to listen to their leaders and peers, ask questions to ensure complete understanding, persuade their team that they can accomplish the mission, respect those on their team and their suggestions, help those on their team to accomplish the mission, share in the glory and the failures of the team, and participate in the task as a member of the team. Young Marines will:



- 1) Always work together to accomplish the mission..
- 2) Keep their team motivated at all times even when the mission or task is not a popular one.
- 3) Not grab all the glory for a team effort, but spread it amongst all team members.

**5. Young Marines Code of Conduct.**

a. Article I:

(1) I am an American youth, proud of my country and our way of life. I am prepared to dedicate myself to educating others and myself in the history, traditions, and institutions thereof. I will do my best to live by the core values of Honor, Courage and Commitment, Discipline, Leadership and Teamwork.

b. Article II:

(1) I will never let another Young Marine down of my own accord. If in-charge, I will do my best to ensure the safety and well being of those for whom I am responsible. I will immediately report any suspicious activity or behavior to a registered adult.

c. Article III:

(1) If I am offered drugs, alcohol, or tobacco products, I will politely resist and refuse. I will make every effort to stay clear of situations involving gangs, drugs, alcohol, and tobacco. I will not get involved in the same. I will also aid my friends and schoolmates to stay clear of similar situations.

d. Article IV:

(1) I will always be loyal to my fellow Young Marines. I will make no statements nor take part in any action that may bring discredit to my God, country, family and Young Marines. If I am the senior Young Marine present, I will take charge. If not, I will obey the lawful orders of those senior to me and support them in everyway.

e. Article V:

(1) When asked about the Young Marines Program, I will answer questions politely, respectfully and to the best of my ability. If I am asked a question that I do not know the answer to, I will refer the person asking the question to a registered adult. I will never give information that I am not certain of nor mislead those who are seeking information about the Young Marines Program.

f. Article VI:

(1) I will never forget that I am an American Youth and therefore the future of America, privileged with the freedom won and kept by the blood of those who fought to ensure our freedom. I am responsible for my actions, and dedicated to the principles that made my country free.

**YOUNG MARINES OBLIGATION**

*From this day forward, I sincerely promise, I will set an example for all other youth to follow and I shall never do anything that would bring disgrace or dishonor upon my God, my Country and its flag, my parents, myself or the Young Marines. These I will honor and respect in a manner that will reflect credit upon them and myself. Semper Fidelis.*

Young Marine \_\_\_\_\_

Date \_\_\_\_\_

Parent/Legal Guardian \_\_\_\_\_

Date \_\_\_\_\_



## **PHOTO/VIDEO/FILM RELEASE**

The Young Marines may encounter the news media, video and film crews, or photographers hired by the Young Marines for the purpose of taking promotional or publicity photographs, video or film. There is a possibility that students and adults attending programs will be photographed. I give my consent to authorize the Young Marines of the Marine Corps League, or any entity or person authorized or designated by them the use and reproduction of any and all photographs, video or film taken of the person named as the subject of this application during Young Marine training or related activities. I understand there will be no compensation to me. All negative and positives, together with said prints, video or film are the property of the Young Marines of the Marine Corps League or the entity or person authorized or designated by it, solely and completely. I also waive any right to inspect or approve any photo, video or film taken during said training or related activities. I affirmatively release and discharge the Young Marines of the Marine Corps League from responsibility for any distortion or manipulation, whether intentional or otherwise, of photos, video or film taken of your child while a participant in the Young Marine Program.

## **PERMISSION & WAIVER**

I/We, the undersign, do hereby certify that I/We have read and fully understand the attached release and waiver; that I/We have fully consented to such release and waiver and expressly give this minor permission to participate in the Young Marines Program. Furthermore, I/We certify that this application is complete, correct, and true to the best of my/our knowledge.

Mother /Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Father/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_



**Young Marines**

**Administrative Remarks Log**

**PLEASE COMPLETE AND SIGN**

**Last Name** \_\_\_\_\_ **First Name** \_\_\_\_\_ **Middle Initial** \_\_\_\_\_

**LOG ENTRIES**

Date	Remarks
	Signature & Title _____
	Signature & Title _____
	Signature & Title _____
	Signature & Title _____
	Signature & Title _____
	Signature & Title _____





## Authorization for Medical Treatment

**PLEASE PRINT** (*Update for each event requiring medication*)

**Last Name** \_\_\_\_\_ **First Name** \_\_\_\_\_ **Middle Initial** \_\_\_\_\_  
Age \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_ Social Security Number \_\_\_\_\_  
Home Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_ Zip Code \_\_\_\_\_

**Parent/Guardian Name** \_\_\_\_\_  
Relationship \_\_\_\_\_  
Home Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_ Zip Code \_\_\_\_\_  
Home Number (\_\_\_\_) \_\_\_\_\_ Work Number (\_\_\_\_) \_\_\_\_\_  
Mobile Number (\_\_\_\_) \_\_\_\_\_ Pager Number (\_\_\_\_) \_\_\_\_\_  
Other Number (\_\_\_\_) \_\_\_\_\_

**PART I: Medical Consent** (*Parent or Legal Guardian is required to complete*)

I certify that I am the parent, legal guardian, or other person in legal control of the above identified child and request and authorize that my child be administered appropriate first aid and/or taken to the nearest medical facility for emergency treatment as necessary.

Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

**PART II: Permission to Use Over-the-Counter Medication** (*If not completed, Young Marines will not receive medication*)

My child, \_\_\_\_\_, has my permission to take any over-the-counter medications in accordance with label instructions as needed with the exception of:  
\_\_\_\_\_ while attending Young Marine Activities.

Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_



**PART III: Permission to Dispense Prescription Medication (If not completed, Young Marines will not receive medication)**

I request and authorize that my child, \_\_\_\_\_, be administered the following prescription medication:

\_\_\_\_\_ per the medical doctor's instructions on the original and un-expired pharmacy label. I certify that my child has a valid health reason for taking the medication during the Young Marine Activities. This permission is valid from (beginning date) \_\_\_\_\_ to (ending date) \_\_\_\_\_.

Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

**PART IV: Medication Administration Record**

Medication Name \_\_\_\_\_ Strength \_\_\_\_\_

Form of Medication: \_\_\_ Liquid \_\_\_ Tablet \_\_\_ Aerosol \_\_\_ Ointment \_\_\_ Other

Dosage & Time \_\_\_\_\_

Medication Name \_\_\_\_\_ Strength \_\_\_\_\_

Form of Medication: \_\_\_ Liquid \_\_\_ Tablet \_\_\_ Aerosol \_\_\_ Ointment \_\_\_ Other

Dosage & Time \_\_\_\_\_

Medication Name \_\_\_\_\_ Strength \_\_\_\_\_

Form of Medication: \_\_\_ Liquid \_\_\_ Tablet \_\_\_ Aerosol \_\_\_ Ointment \_\_\_ Other

Dosage & Time \_\_\_\_\_

Medication Name \_\_\_\_\_ Strength \_\_\_\_\_

Form of Medication: \_\_\_ Liquid \_\_\_ Tablet \_\_\_ Aerosol \_\_\_ Ointment \_\_\_ Other

Dosage & Time \_\_\_\_\_



## Health History (Completed by Parent/Legal Guardian)

**PLEASE PRINT (Update Annually)**

**Note: For the safety and well being of your child ensure all information is true and correct. Your child will NOT be disqualified from the program based on information provided here.**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_ Social Security Number \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Home Number (\_\_\_\_) \_\_\_\_\_ Work Number (\_\_\_\_) \_\_\_\_\_

Physician's Name \_\_\_\_\_ Date of Last Visit \_\_\_\_\_

Dentist's Name \_\_\_\_\_ Date of Last Visit \_\_\_\_\_

The Subject Young Marine:	*Yes	No	Remarks ("Yes" require remarks)
Wears Eye Glasses /Contact Lenses			
Is on a restricted diet			
Wears a hearing aid			
Visited the Dentist in the last 6 months			
Has known health problems (knee problems, migraines, etc.)			
Is under a doctors care			
Is on prescription medication			
*Has Allergies			
Food//Medication//Environmental (pollen, bee stings)			
Has heart murmur			
Suffered Rheumatic Fever			
Had a family member under age 50 die of a heart problem			
Suffers one or more of the following conditions: Seizures, Diabetes, Asthma, Arthritis			
Has had a history of head injury			
Has been hospitalized or had surgery and dates			
Had any injuries (no matter how minor) in the past year. (Sprains, broken bones, ingrown toenails, stitches)			
Date of last Tetanus Shot			

I certify to the above to be complete, correct, and true to the best of my knowledge.

Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_



**PHYSICAL EXAMINATION (Must be completed by a Physician, PAC, or CRN)**

*(A current school or sports physical may substitute, if done during the current school year. A photocopy must be included in YMRB.)*

Height \_\_\_\_\_ Weight \_\_\_\_\_ BP \_\_\_\_\_ Vision Screen \_\_\_\_\_

Hearing \_\_\_\_\_ Lungs \_\_\_\_\_

Heart Rate \_\_\_\_\_ Rhythm \_\_\_\_\_ Hernia \_\_\_\_\_

Neurological Examination \_\_\_\_\_

**Are there any restrictions or accommodations needed for the following activities?**

Activities	Yes	No	Remarks ("Yes" require remarks)
Competitive Sports			
Physical Training			
Swimming			
Classroom			
Other			

I, certify that \_\_\_\_\_, **is/ is not** physically and medically fit to participate in the Young Marines.

Please provide additional remarks or instructions, if participation in the Young Marines is conditional due to any medical conditions not provided in the remarks above.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Examiner's Signature \_\_\_\_\_ Date of Exam \_\_\_\_\_

Print Examiner's Name \_\_\_\_\_ Title \_\_\_\_\_

Office Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Office Telephone Number (\_\_\_\_) \_\_\_\_\_



# Sick Bay Log

Last Name \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Date	Time In	Time Out	Reason for visit	Treatment	AMO Signature



# Sick Bay Medication Log

Before dispensing any medication verify authorization from Parent (YMMEDFORM1 & YMMEDFORM2) and ensure correct dosage.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Date	Name of Medication	Dosage (ml)	Qty	Time Given	Reason if Over the counter medication	AMO1 Initials	AMO2 Initials



**YOUNG MARINES  
Medication Incident Report**

PLEASE PRINT (Complete and retain for unit records)

**PART I: Young Marine's Personal Information**

Today's Date \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_  
Age \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number \_\_\_\_\_  
Home Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_  
Parent/Guardian Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Home Telephone Number (\_\_\_\_) \_\_\_\_\_ Work Telephone Number (\_\_\_\_) \_\_\_\_\_

**PART II: Young Marine's Unit Information**

Young Marine Unit Name \_\_\_\_\_  
Unit Commander Name \_\_\_\_\_  
Unit Commander's Daytime Phone Number (\_\_\_\_) \_\_\_\_\_

**PART III: The Incident and Surrounding Circumstances**

Incident involved one or more of the following (Circle one): **//Incorrect Dosage//**  
**//Medication given at incorrect time (>1/2-hr) //Dosage missed //Incorrect Medication given//**

Date of the Incident \_\_\_\_\_ Approximate Time of the Incident \_\_\_\_\_

Location of the incident \_\_\_\_\_

Provide a short description of how the incident occurred: (Include name of drug, dose, and any reaction. Use the back of this form to complete the description).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Was the parent or legal guardian notified of the incident? **Yes //No** (circle one) *If yes, by whom?*

Name \_\_\_\_\_ Status \_\_\_\_\_

Was hospital/emergency care required? **Yes // No** (circle one) *If yes, submit Young Marine Injury Report, Attending Physician's Statement, other medical documents to Young Marines National Headquarters.*

**PART IV: Unit Commander or Registered Adult in-Charge Certification**

I certify this incident occurred during a scheduled Young Marine activity and under the supervision of Registered Adults designated by me to act as the Activities Medical Officers. They were acting in accordance with the Standard Operating Procedures established in Appendix D of the Registered Adult Manual. To the best of my knowledge the information provided is correct and true.

UC/RAC Signature \_\_\_\_\_ Date \_\_\_\_\_ Contact Number (\_\_\_\_) \_\_\_\_\_

(YMMEDFORM6)



**YOUNG MARINES**

**Injury Report (PLEASE PRINT)**

(Complete and mail to Young Marine National Headquarters, P.O. Box 70735 Southwest Station, Washington DC 20024-0735)

**PART I: Injured Person's Personal Information**

Today's Date \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_  
Age \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_ Social Security Number \_\_\_\_\_  
Home Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Parent/Guardian Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Home Telephone Number (\_\_\_\_) \_\_\_\_\_ Work Telephone Number (\_\_\_\_) \_\_\_\_\_  
Was the parent or legal guardian notified of the injury? Yes No (circle one)  
Was hospital/emergency care required? Yes No (circle one) if yes, please attach documents.

**PART II: Young Marine Unit Information**

Young Marine Unit Name \_\_\_\_\_  
Unit Commander's Name \_\_\_\_\_  
Unit Commander's Daytime Phone Number (\_\_\_\_) \_\_\_\_\_

**PART III: Describe the Injury & Circumstances Surrounding the Injury**

**Provide a short description of the injury or injuries: (use additional pages as needed.)**  
\_\_\_\_\_  
\_\_\_\_\_  
**Date of the Injury** \_\_\_\_\_ **Approximate Time of the Injury** \_\_\_\_\_  
**Location of where injury occurred** \_\_\_\_\_  
**Provide a short description of how the injury occurred: (who, what, why, and how). Use back of this form or additional pages as needed.**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PART IV: Unit Commander or Registered Adult in-Charge Certification**

**I certify this injury occurred during a scheduled Young Marine activity and that the injury was not pre-existing and the activities did not involve undue risk outside the scope of the Young Marines Accident and Liability Insurance coverage. To the best of my knowledge the information provided is correct and true. UC/RAC**  
**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
**UC/RAC Contact Telephone Number (\_\_\_\_)** \_\_\_\_\_

**PART V: NHQ Review and Processing**

Date Report was Received \_\_\_\_\_  
Proof of Claim (Accident Medical Expense Form) attached? Yes No (circle one)  
Medical Bills attached? Yes No (circle one)  
Date Claim forwarded to Insurance Company \_\_\_\_\_  
Date of Follow-up: \_\_\_\_\_ Remarks \_\_\_\_\_  
Date of Follow-up: \_\_\_\_\_ Remarks \_\_\_\_\_

(YMMEDFORM7)





# YOUNG MARINES

## Attending Physician's Statement

PLEASE PRINT

(Please complete and mail to Young Marine National Headquarters, P.O. Box 70735 Southwest Station, Washington DC 20024-0735)

### PART I: Patient's Personal Information (To be completed by Young Marine Unit)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_  
Age \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_ Social Security Number \_\_\_\_\_  
Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_ Zip Code \_\_\_\_\_  
Parent/Guardian Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Home Telephone Number (\_\_\_\_) \_\_\_\_\_ Work Telephone Number (\_\_\_\_) \_\_\_\_\_

### PART II: Authorization (To be Completed by Attending Physician)

I hereby authorize NATIONAL ACCIDENT INSURANCE UNDERWRITERS, INC. or its representatives to inspect all x-ray pictures, clinical records and to obtain full information, including etiology, diagnosis and prognosis, or other data that may be in your possession or under your control, and to make copies of the same or any portion, thereof, pertaining to the subject patient.

Date \_\_\_\_\_ Signed \_\_\_\_\_ (Attending Physician) (Degree)

### PART III: Questionnaire for Attending Physician

#### 1. Diagnosis (describe nature of illness or injury):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### 2. Is condition the result of \_\_\_\_\_ illness/ \_\_\_\_\_ injury? (Check appropriate blank)

What date did the illness commence or injury occurred? \_\_\_\_\_

#### 3. Has the patient had treatment for the same or related condition before? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Unknown (Check appropriate blank) If yes, when and why?

\_\_\_\_\_  
\_\_\_\_\_

#### 4. On what date were you first consulted for this condition? \_\_\_\_\_

Give dates of treatment(s): In Office \_\_\_\_\_ At Home \_\_\_\_\_

#### 5. If hospitalized, give name and address of hospital and dates of in-patient care. Name of

Hospital \_\_\_\_\_ Dates: (From/To) \_\_\_\_\_

Hospital Address \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Hospital Telephone Number (\_\_\_\_) \_\_\_\_\_

#### 6. If surgery was performed, please describe:

\_\_\_\_\_  
\_\_\_\_\_

#### 7. Prognosis:

\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_ Signed: \_\_\_\_\_ (Attending Physician) (Degree)

