Thank you for your interest in the Nursing Camp in Summer at UC Irvine.

Nursing Camp in Summer at UC Irvine (NCIS: UCI) 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://sites.uci.edu/ncis/](http://sites.uci.edu/ncis/)

**ELIGIBILITY:**
- High school students entering their junior or senior year in the fall of 2020
- Over the age of 15

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

**DEADLINE:** April 1, 2020

**MAIL YOUR COMPLETED CAMP REGISTRATION ALONG WITH THE PROGRAM FEE TO:**

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

Questions?  
Contact us via email at ncisuci@hs.uci.edu
CAMP REGISTRATION

Camper’s Last Name: ___________________________ First Name: ___________________________

Birthdate: ________________  School: ___________________________  Fall 2020 Grade: ___________

Phone: ___________________________ Email: __________________________________________

Parent/Guardian Name: ______________________________________________________________

Street Address: _________________________________________________________________

City, State, ZIP: ________________________________________________________________

Phone: ___________________________ T-Shirt Size:  [ ] S  [ ] M  [ ] L  [ ] XL

Camp Session Preference:

[ ] Camp 1: June 22 – 26, 2020 – $2,000
[ ] Camp 2: July 13 – 17, 2020 – $2,000
[ ] Camp 3: July 27 – 31, 2020 – $2,000

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  [ ] Other: ______________________________

[ ] Asian-American, Pacific Islander  [ ] Hispanic or Latino/a origin  [ ] 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: __________________________________________

Please make all checks payable to “UC Regents”

OFFICE USE ONLY – PAYMENT INFORMATION

Amount enclosed: ___________ Date: ___________ Check/Money Order/Cashier’s Check #: ___________
STUDENT HEALTH FORM

Last Name: ____________________________ First Name: ____________________________

Insurance Information

Is the student covered by family medical/hospital insurance?  ☐ Yes  ☐ No

If yes, indicate Insurance Carrier: ___________________________________________________

Group #: ____________________________ Policy #: ____________________________

Policy Holder’s Name: ____________________________ Relationship to student: ____________________________

Medications

Will the student be taking medications while at NCIS: UCI?  ☐ Yes  ☐ No

NCIS: UCI Staff is not responsible for administering prescribed medication. Please include student’s medical conditions and/or special needs by listing all (prescription and non-prescription). Use an additional sheet if needed.

<table>
<thead>
<tr>
<th>Medication</th>
<th>Dosage</th>
<th>Take at what times</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Prescribing Physician: ____________________________ Phone: ____________________________

Food Restrictions/Allergies

Does the student have any food restrictions or allergies? (Please check all that apply).

☐ Vegetarian  ☐ Vegan  ☐ Kosher  ☐ Other food: ____________________________

☐ Hay Fever  ☐ Poison Ivy/Oak  ☐ Other allergies: ____________________________

List the allergy and describe the reaction and treatment: ____________________________

Health History

Does the student have a history or is prone to any of the following? (Please check all that apply).

☐ Recent injury or illness  ☐ Infectious disease  ☐ Hypertension

☐ Chronic or recurring illness  ☐ Chicken pox  ☐ Diabetes

☐ Frequent ear infections  ☐ Measles  ☐ Seizure Disorder or convulsions

☐ Dizziness during/after exercise  ☐ Tuberculosis  ☐ Chest pain during/after exercise

☐ Bleeding/Clotting Disorders  ☐ Joint problems  ☐ Frequent stomachaches

☐ Frequent headaches  ☐ Head injury  ☐ Heart defect/disease

☐ Eating disorder  ☐ Asthma  ☐ Been hospitalized

☐ Other: ____________________________

TO PARTICIPANT, PARENT, OR GUARDIAN

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

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
TUBERCULOSIS (TB) SCREENING QUESTIONNAIRE  (to be completed by the student)

Last Name: ___________________________  First Name: ___________________________

<table>
<thead>
<tr>
<th>History Questions (ALL QUESTIONS MUST BE ANSWERED)</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you ever had a positive TB skin test in the past?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you ever had close contact with anyone known or suspected to have active TB disease?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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: ___________________________)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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: ___________________________)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you been a resident and/or employee of high-risk congregate settings (e.g., correctional facilities, long-term care facilities, and homeless shelters)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you been a volunteer or health-care worker who served clients who are at increased risk for active TB disease?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- 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.

Tuberculin Skin Test (TST):
Date Given: ___________ Date Read: ___________ Result: ___________ mm (Check one):  □ Negative  □ Positive

OR

Interferon Gamma Release Assay (IGRA) *Recommended if the student had prior history of BCG:
Specify Method:   □ QFT-G  □ QFT-GIT  □ T-Spot  □ Other: ______
Date of Test: ___________ Result: □ Negative □ Positive □ Indeterminate □ Borderline (T-Spot only)

Chest X-Ray (Required if TST or IGRA is POSITIVE)
Date of Chest X-Ray: ___________ Result: ____________________

History of INH (Isoniazid) Treatment and or other TB drug treatment? : □ Yes  □ No
If Yes, Date Initiated: ___________ Date Completed: ___________  □ Treatment ongoing

Medical Professional completes:
Name: ___________________________ Professional Title: ___________________________ License No.: ___________________________
Address: ___________________________ City ___________ State: ___________ Zip: ___________________________
Phone: ___________________________ FAX: ___________________________ Email: ___________________________ @
Signature: ___________________________ Date: ___________________________


CAMP REGISTRATION – PLEASE READ AND COMPLETE

IMPORTANT:
PARTICIPATION IN THE Nursing Camp in Summer at UC Irvine PROGRAM DEMANDS A COMMITMENT OF ATTENDANCE FROM 8:30AM-4:30PM ON THE FOLLOWING DATES:
- CAMP 1: JUNE 22 – 26, 2020, or
- CAMP 2: JULY 13 – 17, 2020, or

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

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 REGISTRATION 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 Registration and Program Fee Payment to:

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