

## **VANCOUVER NATIONAL HISTORIC RESERVE FIELD SCHOOL APPLICATION FORM**

Please PRINT the following, FILL it out, and MAIL it to: Dr. Douglas Wilson, Fort Vancouver National Historic Site, 612 E. Reserve St., Vancouver, WA 98661

Applications are due May 11, 2007

Name:

Address:

Phone Number:

Email:

Which University will you be taking credit from (Portland State University/Washington State University)?

Will you be taking the full course or the first session only?

What is your residence status (Resident/Nonresident)?

What is your enrollment status (Undergraduate/Graduate)?

List previous courses in anthropology, including archaeology (include university/college attended and grade received):

List previous field experience in archaeology (if any):

Briefly (one or two paragraphs) describe why you want to participate in the field school, including any benefits you expect to gain (use the back of this form if you need additional space):

Please provide the names, addresses, and telephone numbers of two references:

### Medical Information

Name: \_\_\_\_\_  
Birth Date: \_\_\_\_\_ Height: \_\_\_\_\_ (ft. in.) Weight: \_\_\_\_\_ (lbs.)  
Doctor's Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Emergency Contact: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Are you covered by any hospitalization/care insurance policy?

Yes \_\_\_\_\_ No \_\_\_\_\_

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

Insurance Company Name and Address: \_\_\_\_\_

Does Insurance company require pre-authorization?

Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

### Major Past and Present Medical Problems

Are you currently experiencing, or have you ever had, any of the following:

1. Heart problems/heart attack
2. Chest pain/pressure
3. Frequent shortness of breath
4. Frequent dizziness
5. Frequent fainting
6. High blood pressure
7. Depression/anxiety
8. Smoking
9. Hepatitis
10. Seizures
11. Significantly overweight
12. Currently pregnant
13. Asthma/respiratory problems
14. Diabetes/blood sugar problems
15. Recurrent/frequent headaches

16. Ulcer/stomach problems
17. Musculo-skeletal problems (including back problems)
18. Major hospitalization/surgery (within the last year) (describe):
19. Communicable diseases
20. Problems with drugs or alcohol
21. Other

If you answered "Yes" to any of the above, you will need to include a note from your doctor showing that he/she has cleared you for the field school.

List any Allergies/Anaphylaxis (include medications, foods, bites and stings):

List any Medications (including over the counter drugs) you are taking:

Are you color blind? Yes \_\_\_\_ No\_\_\_\_