

SECTION II**EMERGENCY CONTACT INFORMATION AND MEDICAL HISTORY**

PARENT/GUARDIAN HOME MAILING ADDRESS:

HOME TELEPHONE NUMBER: _____

E-MAIL ADDRESS: _____

ALL CELL PHONE NUMBERS (WITH NAMES): _____

ALL WORK TELEPHONE NUMBERS (WITH NAMES): _____

IF MEDICAL PERSONNEL ARE UNABLE TO CONTACT PARENT/GUARDIAN, ANY OF THESE OTHER PERSONS ARE AUTHORIZED TO SPEAK AND ACT ON OUR BEHALF:

NAMES	RELATIONSHIP	ALL PHONE NUMBERS

MEDICAL INSURANCE COVERING CHILD (STUDENTS MUST HAVE MEDICAL INSURANCE TO PARTICIPATE IN AIM):

COMPANY	POLICY #

STUDENT'S MEDICATION, FOOD, OR OTHER ALLERGIES:

(WRITE "NONE" IF THAT IS THE CASE)

PARENT/GUARDIAN SIGNATURE _____

DATE _____

1. Do you have any limitations or disabilities that may impact your participation in daily physical & mental activity of the AIM program?

Yes No

▪ If Yes, give details _____

2. Do you have, or have you ever had, an adverse reaction to any medicine, drug, stinging insect, food product, or other substance or environmental condition?

Yes No

▪ If Yes, what was the reaction to? _____

▪ Was the reaction life-threatening, (for example, difficulty breathing, obstructed air-way, shock, cardiac trouble) i.e., a true allergy, OR was it less severe (for example, rash, nausea, itching) _____

3. In the last two years, has a doctor or other medical professional ever denied or restricted your participation in sports for more than one day?

Yes No

▪ If Yes, when and why? _____

4. During or after exercise, have you ever

A. Passed out or nearly passed out?

Yes No

B. Had pressure in your chest?

Yes No

C. Had your heart skip beats?

Yes No

▪ If you answered Yes to A, B, or C, please describe what happened _____

5. Do you cough, wheeze, or have difficulty breathing during or after exercise? Yes No
 ▪ If Yes, give details _____
6. Have you ever used an inhaler or taken asthma medication after the age of 13? Yes No
 ▪ If Yes, give details, including when _____
7. Within the past two years, have you been hospitalized, prescribed medication, placed on a special diet, or given any limitations of physical or other activity? Yes No
 ▪ If Yes, what, when and why? _____
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8. Are you *currently* taking any prescription or over-the-counter medications? Yes No
 ▪ If Yes, what and how often? _____
9. Have you ever had surgery? Yes No
 ▪ If yes, what problem, what procedure, and when performed? _____
10. In the past year have you had a head injury that was diagnosed as a concussion, or that caused you to lose consciousness, to have memory loss, or to have headaches for more than two consecutive days? Yes No
 ▪ If yes, give details, including when _____
11. Have you ever had a seizure after the age of 5? Yes No
 ▪ If yes, give details, including when _____
12. Any medical conditions not listed? (Cardiac, Neurological, Respiratory, or Psychological)? Yes No
 ▪ If yes, give details, including when _____

DATE SIGNED: _____ . We, the undersigned AIM student and parent/guardian, each state under oath that to the best of our knowledge our answers to the above medical questions are complete and accurate. **We each agree to notify the Admissions Office of any change in the history or of any medical treatment received by the student since the date of our signing this form AND since the date of the physician's examination described below.**

 Printed Name of AIM Student

 Printed Name of Parent/Guardian

 Signature of AIM Student

 Signature of Parent/Guardian

Privacy Act Statement

Authority: 5 U.S.C. § 301; 14 U.S.C. § 504. Commandant; general powers; and 14 U.S.C. § 1922

Purpose: To collect information used for students accepted to and attending the summer Academy Introduction Mission (AIM) program the ability to receive medical clearance from their primary care physician and for parents to release liability for personal injury while their son or daughter attends the AIM program.

Routine Uses: This information will be used as a basis for establishing eligibility and may be disclosed externally as a "routine use" pursuant to DHS/USCG-011, Military Personnel Health Records, 73 Federal Register 77773 (December 19, 2008) and DHS/USCG-014, Military Pay and Personnel, 76 Federal Register 66933 (October 28, 2011) .

Disclosure: Furnishing this information is voluntary; however, failure to provide this information may impact your eligibility for AIM enrollment.

SECTION III

PHYSICIAN CLEARANCE

I certify that:

- 1) I am an MD or DO (or a Physician’s Assistant or Registered Nurse Practitioner under MD or DO direction) duly licensed to practice by the State or Commonwealth of _____;
- 2) I understand that the student will be participating in daily vigorous physical and mental activity for a one week period in Connecticut in July 2026;
- 3) I have on this date reviewed the medical history of the named AIM student furnished above and on the reverse side.
- 4) I represent that either “A” or “B” below (please check one or the other) is true:

- A. I physically examined said student today; OR
- B. I examined said student on or after August 1, 2025; AND

5) based on said review, examination results, and understanding, this student is cleared to participate in said activity with: (check one)

- No **physical, mental** or **dietary** restrictions
- The following restrictions: (**provide specifics below**)

Examiner’s printed name and title: _____

Examiner’s full address, telephone number, and fax number:

Examiner’s signature: _____

Examiner's Office stamp:

Date signed: _____

THIS FORM IS DUE MAY 29, 2026 VIA THE AIM REGISTRATION PORTAL

OMB Control No.: 1625-0121

Expiration Date: 05/31/2022

PRA Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The United States Coast Guard estimates that the average burden per response for this report varies per applicant - about three hours for completion of the online application, including personal statements, and up to two hours to complete all supplemental forms. You may submit any comments concerning the accuracy of this burden estimate or any suggestions for reducing the burden to: U.S. Coast Guard Academy, Admissions Office, 31 Mohegan Avenue, New London, CT 06320 or Department of Homeland Security Desk Officer, Office of Management and Budget, Office of Information and Regulatory Affairs, Washington, DC 20503.