Form DI-4015 (Rev. 10/2020) U.S. Department of the Interior



UNITED STATES YOUTH CONSERVATION CORPS MEDICAL HISTORY FORM



To be Completed by Youth Conservation Corps (YCC) Program Applicants Only

NOTE: This information is collected under the authority of Public Law 93-408. It will be used primarily for the purpose of determining your eligibility for Youth Conservation Corps service. Your disclosure of this information is voluntary; however, your failure to provide this information will result in the rejection of your application to become a Youth Conservation Corps member.

APPLICANT MEDICAL HISTORY

Please answer the following questions regarding your background, contact and other information

Name:					
First:	Middle		Last	Su	ıffix
Gender:	□ Male	□ Female			
Date of Birth:	mm/dd/yyy/	/	Age		
Contact Information					
Address:					
Street			City	State	Zip
Emajl:		Phone	1	Phone 2	
Are you covered under your Yes No If yes, nam	family or any other t e of insurer and polic		urance?		
Primary Care Provider Name:			Address:		

Have you had or are you having any of the following health conditions? (Enter X where appropriate and describe on page 3.)

Allergies	Frequent Infection		Other health condition		
□ Hay fever	Cold	□ Chest pain	□ Rheumatism	□ Shortness of breath	
□ Asthma	□ Sore throat	□ Convulsion	\Box Loss of weight	□ Sleepwalking	
Poison Ivy	□ Earache	□ Diabetic	□ Lyme disease	□ Swollen/painful joints	
 ☐ Insect stings ☐ Skin condition ☐ Skin condition 	□ Bladder or Intestinal infection □ Intestinal infection	 Difficulty with balance Fainting Problem with blood not clotting 	 Ulcers Persistent Cough 	 Mental Health Conditions Heart Condition 	
Other (identify)					

Are you currently taking and medication?Are you allergic to any medications? \Box Yes – if yes, explain on page 2 \Box Yes – if yes, explain on page 2 \Box No \Box No

Immunization history – Enter X where appropriate and dates as indicated. A Tdap shot is required unless you have received one or a booster within the last ten years. You may attach a copy of your immunization record as a separate document Check here if immunization records are attached as a separate document.

Date of Series	Date of Last Booster to Ensure Immunization
mm/dd/yyyy	mm/dd/yyyy

□ Tetanus Toxoid, Diptheria, Pertussis (Tdap)

□ Polio Vaccine (IPV)

□ Measles, Mumps, Rubella (MMR)

□ Meningococcal Conjugate Vaccine (MCV)

To my knowledge, I have not been exposed to a contagious or infectious disease in the past three weeks, and I am in a state of health which would allow full participation in all YCC activities

Applicant Name

Applicant Signature

Date

Medical and Physical Abilities and Limitations

The requested below will be kept strictly confidential and safeguarded. This information will only be disclosed in accordance with the requirements of the Department of Labor's regulations and other applicable federal laws.

1. Please use the table below to identify any medication(s) that the applicant is currently taking. Include the name, dosage and any specific instructions that a YCC Program Staff would need to administer medication (if necessary).

Medication Name	Dosage	Instructions
Allergic to which medications		

2. Below is a list of typical activities and environmental factors required for outdoor work. Please check any of the items below that may limit full participation in the YCC program.

Physical and functional Requirements

- Heavy lifting, 45 pounds and over
 Heavy carrying, 45 pounds and over
 Straight pulling
 Pulling hand over hand
 Pushing
 Reaching above shoulder
- Use of fingers
 Use of both hands
 Walking
 Standing
 Crawling
 Kneeling
- □ Repeated bending
- □ Climbing, legs only
- □ Climbing, use of legs and arms
- □ Use of both legs
- □ Hearing (aid permitted
- \Box Corrected vision in one eye (20/20 to 20/40)

Environmental Factors

Outside
 Excessive heat
 Excessive cold

Dry atmospheric conditions
 Excessive or intermittent noise
 Dust

- Working around moving objects
 Working on ladders or scaffolding
 Working with hands in water
 - Page 2 of 4

□ Excessive humidity

□ Slippery or uneven walking surfaces

□ Working closely with others □ Working alone

Please use this space to identify any of the conditions listed above that would restrict full participation or require special care or treatment.	

TO BE COMPLETED BY PARENT OR LEGAL GUARDIAN OF THE APPLICANT

I certify that I am familiar with the Youth Conservation Corps Program and that I give my consent to my son/ daughter/ward to participate in the program as a YCC member. I understand that I will not hold the United States Government responsible for any non-program accident or illness, and I authorize first aid, or emergency medical care, to be performed at the nearest, most adequate facility approved by the YCC.

Name

Parent/Legal Guardian Name	Parent/Legal Guardian Signature	Date			
Address:					
Street	City	State	Zip		
Contact Information					
Email	Emergency Contact Number #1	Emergency Contact Number #2			
TO BE COMPLETED BY REVEN	VING OFFICER				
Reviewing Officer's Name	Reviewing Officer's Signature	Date			

Additional Information. Please use this space to provide any additional information needed to complete the application.

NOTICES

PRIVACY ACT STATEMENT

Authority: 16 USC 1701-1706, Chapter 37 – Youth Conservation Corps and Public Lands Corps, Subchapter I – Youth Conservation Corps (Youth Conservation Corps Act of 1970 (P.L. 91-378; 84 Stat. 794) as amended in 1972 (P.L. 92-597) and in 1974 (P.L. 93-408).

Purpose: This information is collected from selected applicants to determine their ability to fully participate, and to allow the participating agencies to make necessary reasonable accommodations as appropriate.

Routine Uses: The information collected on this form may be shared in accordance with the Privacy Act of 1974 and the routine uses listed in the DOI Office of the Secretary (OS) System of Records Notices INTERIOR/OS-25, YCC Enrollee Records available at https://www.doi.gov/privacy/os-notices.

Disclosure: Furnishing this information is voluntary; however, failure to provide the requested information may disqualify acceptance into the YCC program.

PAPERWORK REDUCTION ACT STATEMENT

In accordance with the Paperwork Reduction Act (44 U.S.C. 3501), the U.S. Department of the Interior and the U.S. Department of Agriculture – Forest Service, collects information necessary to assist the agencies in safeguarding the health, safety, and welfare of the enrollees of the YCC programs. Your response is voluntary, but failure to complete this form will result in exclusion from participation in the YCC Program. According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. OMB has approved this collection of information and assigned Control No. 1093-####.

ESTIMATED BURDEN STATEMENT

We estimate public reporting for this collection of information to average 14 minutes, including time for reviewing instructions, gathering and maintaining data and completing and reviewing the form. Direct comments regarding the burden estimate or any other aspect of the form to the Departmental Information Clearance Officer, U.S. Department of the Interior, 1849 C Street, NW Washington, DC 20240, or via email at <u>doi-pra@ios.doi.gov</u>. Please do not send your completed form to this address.