



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 Suffix

Gender: Male Female

Date of Birth: mm/dd/yyyy ____/____/____ Age _____

Contact Information

Address:

Street City State Zip

Email: Phone 1 Phone 2

Are you covered under your family or any other type of health insurance?

Yes No If yes, name of insurer and policy number

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		
<input type="checkbox"/> Hay fever	<input type="checkbox"/> Cold	<input type="checkbox"/> Chest pain	<input type="checkbox"/> Rheumatism	<input type="checkbox"/> Shortness of breath
<input type="checkbox"/> Asthma	<input type="checkbox"/> Sore throat	<input type="checkbox"/> Convulsion	<input type="checkbox"/> Loss of weight	<input type="checkbox"/> Sleepwalking
<input type="checkbox"/> Poison Ivy	<input type="checkbox"/> Earache	<input type="checkbox"/> Diabetic	<input type="checkbox"/> Lyme disease	<input type="checkbox"/> Swollen/painful joints
<input type="checkbox"/> Insect stings	<input type="checkbox"/> Bladder or Intestinal infection	<input type="checkbox"/> Difficulty with balance	<input type="checkbox"/> Ulcers	<input type="checkbox"/> Mental Health Conditions
<input type="checkbox"/> Skin condition	<input type="checkbox"/> Intestinal infection	<input type="checkbox"/> Fainting	<input type="checkbox"/> Persistent Cough	<input type="checkbox"/> Heart Condition
<input type="checkbox"/> Skin condition	<input type="checkbox"/> Intestinal infection	<input type="checkbox"/> Problem with blood not clotting		
Other (identify)				

Are you currently taking and medication?

Yes – if yes, explain on page 2
 No

Are you allergic to any medications?

Yes – if yes, explain on page 2
 No

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 doi-pra@ios.doi.gov. Please do not send your completed form to this address.