

Hawaii and Pacific Basin Area Health Education Centers



University of Hawai'i at Mānoa - John A Burns School of Medicine



Student Information Sheet

Date:	School:	Teacher:	Grade:
Last Name:		First Name:	
Please <u>CHECK</u> the Health Career(s) you are interested in and <u>CIRCLE</u> your first choice:			
<input type="checkbox"/> Athletic Trainer	<input type="checkbox"/> Medical Technologist	<input type="checkbox"/> Physician	
<input type="checkbox"/> Audiologist	<input type="checkbox"/> Medical Laboratory Technician	<input type="checkbox"/> Psychologist	
<input type="checkbox"/> Biomedical Researcher	<input type="checkbox"/> Nurse	<input type="checkbox"/> Radiologic Technician	
<input type="checkbox"/> Dental Assistant	<input type="checkbox"/> Occupational Therapist Assistant	<input type="checkbox"/> Respiratory Therapist	
<input type="checkbox"/> Dental Hygienist	<input type="checkbox"/> Paramedic (EMT/MICT)	<input type="checkbox"/> Social Worker	
<input type="checkbox"/> Dietician	<input type="checkbox"/> Pharmacy Technician	<input type="checkbox"/> Speech Pathologist	
<input type="checkbox"/> Massage Therapist	<input type="checkbox"/> Phlebotomist	<input type="checkbox"/> Other (Please Specify:)	
<input type="checkbox"/> Medical Assistant	<input type="checkbox"/> Physical Therapist Assistant	_____	
Check <u>ONE</u> ethnic background you identify most with:			
<input type="checkbox"/> African American	<input type="checkbox"/> Japanese/Okinawan		
<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Korean		
<input type="checkbox"/> Asian Indian/Thai	<input type="checkbox"/> Portuguese		
<input type="checkbox"/> Caucasian	<input type="checkbox"/> Puerto Rican		
<input type="checkbox"/> Chinese	<input type="checkbox"/> Pacific Islander		
<input type="checkbox"/> Filipino	<input type="checkbox"/> Spanish/Latino		
<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Vietnamese/Malaysian/Cambodian		
	<input type="checkbox"/> Other (Please Specify:)		
Would you like to be contacted with more information about the Health Services Career(s) you chose? Please <u>CIRCLE</u> one:			
YES		NO	
If you answered YES, please provide us with your contact information:			
Address:			
City:	ZIP Code:	Social Security Number:	
E-mail:		Phone:	

We appreciate you filling out this form.