

Date: \_\_\_\_\_

**University of Hawai`i at Manoa – John A. Burns School of Medicine**  
**Area Health Education Center (AHEC) Program**  
**MEDICAL STUDENT PROFILE**  
MEDICAL/PUBLIC HEALTH

Student Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Soc. Sec. No./Student I.D. No. \_\_\_\_\_ Male ( ) Female ( )

Current Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Pager: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name & Address of Long Term Contact: In Case of Emergency, Contact:

\_\_\_\_\_ Name, Relationship: \_\_\_\_\_

\_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_ \_\_\_\_\_

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

What High School did you graduate from? Year? \_\_\_\_\_

Undergraduate Institution? \_\_\_\_\_ Undergraduate Major? \_\_\_\_\_

What is your legal state of residency? \_\_\_\_\_

Where do you hope to practice after graduation? \_\_\_\_\_

Following graduation, are you obligated to a Native Hawaiian grant? Yes \_\_\_\_\_ No \_\_\_\_\_

UH School or Program Attending:

\_\_\_\_ 1st Year Multi Disciplinary \_\_\_\_ Primary Care and Community Medicine

\_\_\_\_ JABSOM unit 6 B \_\_\_\_ JABSOM unit 6 L

\_\_\_\_ Other: \_\_\_\_\_

Clinical Site: \_\_\_\_\_

Site Supervisor/Tutor/Preceptor: \_\_\_\_\_

(For 6L only, Site Coordinator): \_\_\_\_\_

Beginning clinical date: \_\_\_\_\_

End clinical date: \_\_\_\_\_

Hours per week in clinical: \_\_\_\_\_

Clinical Emphasis:

\_\_\_\_ Family Practice \_\_\_\_ Pediatrics \_\_\_\_ Internal Medicine \_\_\_\_ Other: \_\_\_\_\_

Date: \_\_\_\_\_

The program that you are participating in is supported by a federal grant; one of its goals is to increase the ethnic diversity of health professions and the number of economically disadvantaged students in health professional schools. Your responses to the following questions are optional, but we would appreciate the ability to report cumulative data on the entire program participants. Individual information will **not** be released to any outside agency.

Please identify your ethnicity by importance: Primary-1; Secondary-2; Tertiary-3; etc.

<input type="checkbox"/> Spanish/Hispanic/Latino	<input type="checkbox"/> Caucasian	<input type="checkbox"/> Japanese
<input type="checkbox"/> Mexican, Mexican American, Chicano	<input type="checkbox"/> Black, African American	<input type="checkbox"/> Korean
<input type="checkbox"/> Puerto Rican	<input type="checkbox"/> Cuban	<input type="checkbox"/> Chinese
<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Part Hawaiian	<input type="checkbox"/> Samoan
<input type="checkbox"/> Chamorro	<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Filipino
<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Other: Please specify _____	
<input type="checkbox"/> Other Spanish/Hispanic/Latino	<input type="checkbox"/> American Indian or Alaskan Tribe(s)	
Print Group: _____	Print Tribe: _____	
<input type="checkbox"/> Other Pacific Islander		
Print Race: _____		

Father's highest grade completed? \_\_\_\_\_ Mother's highest grade completed? \_\_\_\_\_

Using the criteria below, would you describe yourself as being economically disadvantaged? \_\_\_\_\_

**Economically Disadvantaged Table:**

The table below provides a breakdown of family income levels used to determine economic disadvantage. Family income is defined as the income of the trainee's parents regardless of the age of the trainee. The figures used to determine low-income eligibility are those published annually by the Secretary, U. S. Department of Health and Human Services. *Please circle appropriate box:*

Size of parents family*	Income Level**	Size of parents family*	Income Level**
1	\$9,890.00	4	20,300.00
2	13,360.00	5	23,770.00
3	16,830.00	6	27,240.00

\*Includes only dependents listed on Federal Income Tax forms

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\*\*Rounded to the nearest \$100.00

Has the AHEC support made a difference to your training or career? If so, please let your federal legislators know, so that funding is continued for AHEC activities! If you would like to write a note, we will be happy to fax it to the Hawaii Legislator that you indicate.

**Mahalo for filling out this questionnaire.**

For office use only:  Coupons  Housing  Car shipment  Other \_\_\_\_\_