

Application date \_\_\_\_\_

**GEORGE WASHINGTON UNIVERSITY**  
**School of Medicine and Health Sciences**  
**CLINICAL LEARNING AND SIMULATION SKILLS CENTER**

**PROJECT PARTICIPANT APPLICATION**  
**Information is used for project participation recruitment only.**

Name (first, middle, & last) \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Fax \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Work phone \_\_\_\_\_ Marital status \_\_\_\_\_

Are you a GW employee? Yes/No \_\_\_\_\_ Have you ever been a GW Employee Yes/No \_\_\_\_\_

Birth Date (required) \_\_\_\_\_ Ht \_\_\_\_\_ Wt \_\_\_\_\_

Ethnicity \_\_\_\_\_ **(For Recruitment Purposes Only)** Sex \_\_\_\_\_

US Citizenship \_\_\_\_\_ Yes/No \_\_\_\_\_ Visa \_\_\_\_\_ Yes/No \_\_\_\_\_

Languages spoken \_\_\_\_\_

Education & Training \_\_\_\_\_

Prior SP Work? Where? \_\_\_\_\_

Are you a member of an actor union? Which one/s? \_\_\_\_\_

Scars & location \_\_\_\_\_

Tattoos & location \_\_\_\_\_

Medications you are taking \_\_\_\_\_

Please list conditions below for which you are **currently** receiving medical care.

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Please list conditions below for which you **have received** medical care in the past.

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Please list any conditions you have that could be discovered during a routine physical exam (i.e. heart murmur, use of hearing aids, enlarged thyroid, insulin pump, prosthesis, high blood pressure, skin problems, arthritis, reduced lung capacity, etc.)

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Place an X if you:

wear glasses/contacts\_\_\_      wear dentures\_\_\_      smoke\_\_\_

Would you consider having or learning to teach pelvic/rectal or prostate/rectal exam for educational purposes? Yes\_\_\_ No\_\_\_ Maybe\_\_\_ Would like more information\_\_\_

How did you hear about this program? \_\_\_\_\_

Comments: