

Job Corps Physical Examination Form

| 1. Ht* | 2. Wt* | 3. BMI | 4. Waist circum.* | 5. BP | 6. Heart rate | 7. Resp rate | 8. Temp** | 9. O ₂ Sat (%)** | 10. Peak flow** |
|--------|--------|--------|-------------------|-------|---------------|--------------|-----------|-----------------------------|-----------------|
| | | | | | | | | | |

*Height (in), weight (lbs), and waist circumference (in) must also be entered into CIS.

**If clinically indicated.

| 11. Vision: refer to optometry for any value of 20/40 or higher | | | | 12. Color vision result (circle one): | | Pass | Fail |
|---|----------------|-------------|-------------|---------------------------------------|--------|------|------|
| | Distant Vision | | Near Vision | | Notes: | | |
| Right | 20/ | Corr to 20/ | 20/ | Corr to 20/ | | | |
| Left | 20/ | Corr to 20/ | 20/ | Corr to 20/ | | | |
| | | | | | | | |

| 13. Audiometer | | | | | | | | | 14. Hearing screening | | Pass | Fail |
|----------------|-----|-----|------|------|------|------|------|------|-----------------------|--|------|------|
| HZ | 250 | 500 | 1000 | 2000 | 3000 | 4000 | 6000 | 8000 | Notes: | | | |
| Right | | | | | | | | | | | | |
| Left | | | | | | | | | | | | |
| | | | | | | | | | | | | |

15. Cursory Oral Inspection (circle all that apply) Completed by: _____ Date: _____

Gaping hole in tooth UR UL LL LR

Severe swelling in mouth or jaw

Other:

Reported severe pain

Painful sore that interferes with eating

Bleeding in mouth

Decayed tooth

No obvious serious oral health issues

Required Clinical Evaluation. Describe every abnormality in detail. Use extra sheets if necessary.

| | <i>Normal</i> | <i>Abnormal</i> | | <i>Normal</i> | <i>Abnormal</i> | Abnormalities: |
|------------------------------------|---------------|-----------------|---|---------------|-----------------|----------------|
| 16. General appearance | | | 26. Abdomen and viscera | | | |
| 17. Ears | | | 27. External genitalia (testes and hernia, if male) | | | |
| 18. Eyes | | | 28. Pelvic (females if indicated) | | | |
| 19. Nose and sinuses | | | 29. Anus and rectum (if indicated) | | | |
| 20. Mouth and throat | | | 30. Vascular system (pulses) | | | |
| 21. Neck (lymph nodes and thyroid) | | | 31. Extremities | | | |
| 22. Chest | | | 32. Spine | | | |
| 23. Breasts | | | 33. Skin (include identifying marks, scars, tattoos, piercings) | | | |
| 24. Lungs | | | 34. Neurologic | | | |
| 25. Heart (rate, rhythm, sounds) | | | 35. Psychiatric/Mental status | | | |

Student name: _____

Center: _____

DOB: _____

Gender: _____

ID #: _____

Race/ethnicity: _____

36. Immunizations (initial one)

___ Immunization records reviewed and immunizations required by Job Corps are complete
 ___ Immunization records are not yet available
 ___ Immunization records reviewed. The following immunizations are needed: _____

37. Laboratory Tests (initial one)

| | |
|---|--|
| ___ Required laboratory tests/screenings reviewed ___ Required laboratory test results tests not yet available | Additional laboratory tests/screenings ordered: |
|---|--|

38. Acute and/or chronic disease assessment and plan

| Assessment | Plan (e.g., CCMP) |
|------------|-------------------|
| | |
| | |
| | |

39. Referrals

| Referred to (Mental health, TEAP, TUPP, HEALs, dentist): | Notes |
|--|-------|
| | |
| | |

40. Follow up

- Follow-up visit in _____ for _____
- Physical exam in (annual for sports participation) _____

41. Clearances

| Participation in Job Corps (check one) | | Participation in sports (check one) | |
|--|--|-------------------------------------|--|
| <input type="checkbox"/> | Cleared for participation in Job Corps | <input type="checkbox"/> | Cleared for participation in sports |
| <input type="checkbox"/> | Cleared with the following restrictions: | <input type="checkbox"/> | Cleared with the following restrictions: |
| <input type="checkbox"/> | Not cleared pending further evaluation | <input type="checkbox"/> | Not cleared pending further evaluation |
| <input type="checkbox"/> | Not cleared for participation in Job Corps | <input type="checkbox"/> | Not cleared for participation in sports |

Clinician signature: _____ Date: _____
 Nurse signature: _____ Date: _____
 Other health professional signature: _____ Date: _____