



PURPOSE: To determine the health and accommodation/modification needs of the Job Corps applicant.

OMB Approval No. 1205-0033
Expiration Date: 06/30/2007

INSTRUCTIONS: Job Corps centers provide health care; therefore, please answer all of the questions correctly so that the center you go to can provide you with appropriate health services. The collection of this information is authorized by PL 105-220. The information is requested on a voluntary basis.

1. Name (Last, First, Middle Initial)

2. Social Security Number:

____ - ____ - ____

3. Sex (M or F)

4. Height (in)

5. Weight (lb)

6. What is your general Health Condition (circle one):

Excellent

Good

Fair

7. a. Are you or your family covered by health insurance?

(If YES, obtain copy of health insurance card and attach to this form.)

NO YES

b. Are you or your family covered by Medicaid?

(If YES, obtain copy of Medicaid card and attach to this form.)

NO YES

A "YES" answer to any item in questions 8, 9, or 10 requires an explanation in question 11 on the reverse of this form.

8. a. Are you currently under the care of a physician, dentist or mental health professional?

NO YES

b. Are you currently taking any prescription medication?

NO YES

c. Are you supposed to be taking any prescription medication?

NO YES

d. Have you been advised to have any surgical procedure or medical treatment?

NO YES

e. Have you been hospitalized for a medical or mental health reason within the past 2 years?

NO YES

f. Have you received counseling or treatment for a mental health condition in the past 2 years?

NO YES

g. Have you received counseling for drug or alcohol use within the past 2 years?

NO YES

h. Have you received treatment for drug or alcohol use within the past 2 years?

NO YES

i. Have you ever been refused or discharged from military service for medical or mental health reasons?

NO YES

j. Do you use a special medical device?

NO YES

k. Do you wear braces on your teeth?

NO YES

l. Are you allergic to any drugs, medicines, or foods?

NO YES

m. Have you ever attempted or seriously thought about attempting suicide?

NO YES

9. Have you EVER had or do you now have any of the following conditions?

	No	Yes		No	Yes
a. Anemia (including sickle cell disease)			i. Speech problem (e.g., stuttering)		
b. Asthma			j. Tuberculosis (TB) or positive TB skin test		
c. Visual impairment/trouble seeing			k. Ulcer of stomach or intestines		
d. Hearing impairment/trouble hearing			l. Epilepsy, seizures, convulsions		
e. Serious dental problems			m. Learning Disabilities		
f. Diabetes (high blood sugar)			n. Attention Deficit Disorder (ADD or AD/HD)		
g. Heart condition or high blood pressure			o. Other health issues		
h. Kidney, bladder or urinary problems			p. FEMALES: Are you pregnant? If YES, date last menstrual period began _____		

10. Do you have any physical or mental disability which will require an accommodation or modification to participate in the Job Corps program?

Job Corps Health Questionnaire(Continued)

11. Provide explanation below of any "YES" responses to items in questions 8, 9 and 10. If additional space is needed, attach separate sheet.

Item	Explanation

I (we) authorize the Job Corps to receive from doctors, dentists, mental health professionals, clinics, hospitals, or other sources, medical information from my (son's, daughter's, ward's) health records regarding only the specific conditions listed, in section 8, 9, or 10 for the purpose of determining the health needs of the applicant. I (we) authorize release of medical information to health staff and center directors with a need for that information, and to the local health department when required by law. I (we) authorize an ENTRANCE MEDICAL EXAMINATION which includes blood testing to identify conditions such as anemia, syphilis, and HIV infection; urine testing for conditions such as diabetes, nephritis, pregnancy, and for controlled substance. I (we) authorize a CURSORY ORAL EXAMINATION and a MANDATORY ORAL EXAMINATION which includes checking the teeth, gums and tissues of the mouth for disease. I (we) understand the reasons for the medical examination, health testing and oral examinations and have had the opportunity to ask questions. I (we) also authorize immunizations for tetanus, diphtheria, poliomyelitis, measles, mumps, rubella, influenza, and others, if necessary; and a skin test for tuberculosis. I (we) authorize all routine and basic care as required in the Policy and Requirement's Handbook, while enrolled in the Job Corps Program. I (we) certify that the information that has been provided on this medical form is true and complete to the best of my (our) knowledge. I (we) understand that any false statement or dishonest answers will be ground for the dismissal for the above-named individual and may be publishable by law. I (we) understand that my protected health information will only be released in accordance with the Privacy Act of 1974 and the current Job Corps Privacy Rule Authorization and Notice.

Applicant Signature	Date
Parent/Guardian Signature (if applicant is a minor)	Date

Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. **Your response is Voluntary and what you tell us will remain strictly confidential.** Public reporting burden for this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Room N-4507, 200 Constitution Avenue, NW, Washington, D.C. 20210 (Paperwork Reduction Project 1205-0033).

JOB CORPS HEALTH QUESTIONNAIRE, ETA 6-53

Purpose. To determine the health and accommodation/modification needs of each Job Corps applicant.

Originator. Job Corps admissions counselor.

Frequency. Once for each student at time of application.

Distribution. This is a 2-page form. If there are "yes" answers to one or more questions on the form, the originator (admissions counselor) must obtain relevant physician/institution reports and forward the applicant's folder, including the ETA 6-53, to the Job Corps center of assignment.

General Instructions. Information is placed on the form as given by the applicant during the health interview. This information is confidential and must be so maintained by the admissions counselor. The admissions counselor must:

- \$ Ensure that the health questionnaire is fully understood by the applicant and that all entries are completed and appropriately written or checked.

- \$ Obtain additional information or arrange for a new health examination or evaluation for the applicant when requested by the center of assignment.

Detailed Instructions.

<u>Item</u>	<u>Comments</u>
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1	Self Explanatory
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2	Self Explanatory
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3	Self Explanatory
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4	Self Explanatory
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5	Self Explanatory
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6	Self Explanatory
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7,8	Ask questions as stated and check "NO" or "YES."
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\$	Attach copy of insurance or Medicaid card if appropriate.
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\$	If possible, obtain the medical diagnosis of the condition rather than the applicant's description of symptoms.
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\$	Establish appropriate dates for the onset of the condition and date it ceased, if appropriate.
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\$	Obtain information about all hospital stays even if several were for the same condition. List only dates that applicant was in the hospital. Do not include emergency room visits.
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<u>Item</u>	<u>Comments</u>
9	Obtain information about each condition. Explain how often the problem occurs (e.g., heart condition--cannot walk up stairs without getting short of breath). Specify whether the applicant still has the condition.
10	Record whether applicant has a physical or mental impairment that requires a reasonable accommodation to perform the essential functions of the Job Corps program.
11	Use this section to record any comments provided by the applicant for questions 8, 9, or 10. If the applicant is not sure whether he/she had one of the conditions mentioned in questions 8 or 9 or requires an accommodation (item 10), include whatever information the applicant provides.

If the applicant is reluctant to give additional information, the admissions counselor must not pressure the applicant. Indicate in this section that the applicant declined to comment.