

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.

	Normal	Abnormal		Normal	Abnormal	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:
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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: _____