

LABORATORY TESTS AND PHYSICAL EXAMINATION FORM

Name: _____ Birthdate: _____

1. The following lab work and copies are **MANDATORY** for admission to the program and must be included with application before time of entrance:
 - A. HIV – Positive or Negative (*circle one*) _____ (*date of result*)
 - B. Hepatitis Screening - _____ (*date of result*)
 Circle pos. or neg. for each: **Hepatitis B** – Pos. or Neg.; **Hepatitis C** – Pos. or Neg.
 - C. Tuberculin Test / PPD – _____ (*date read*) Size: _____ if 5mm or greater a chest x-ray is required
 Chest X-ray - Reactive or Non-reactive (*circle one*) _____ (*date of result*)
 - D. Lab Results and Documents from items A-C above must be included with this form.
 Results included should be no older than 6 months prior to admission to the Induction Center.

2. PE: BP _____ T _____ HR _____ RR _____ HT _____ WT _____

	NL	ABNL	If ABNL, please explain.
GEN			
HEENT			
CV			
PULM			
ABD			
M.SKEL			
DERM			
NEURO			
SEIZURES			
OTHER (SPECIFY)			

3. Please list any allergies you have to any medications, foods, or other substances:

4. Past Medical History: _____
5. Past Drug and Alcohol History: _____
6. Current / routine medications:

	MEDICATION	DOSAGE
1.		
2.		
3.		
4.		

Name of Examiner (*please print*) _____ Address _____

Signature of Physician _____ Date of Examination _____

Form will be UNACCEPTABLE if examiner's title and address are ILLEGIBLE.