



**MEDICAL EXAM AND HISTORY FORM**

The applicant and his doctor shall complete these forms. On page 2 there is information for your doctor to fill out and sign. Please have him/her sign and return with the test results. Be sure to fill out and sign the "Release of Information" at the bottom of this page. Regarding doctors, we would refer you to the medical facilities in your county, should you not have a family doctor. Please read carefully the following instructions.

The enclosed questionnaire provides Teen Challenge with information on the student's health, medical, psychological, and substance abuse histories.

Copies of the results of the following examinations and/or lab test items below shall be checked upon completion and **mailed to: Teen Challenge, PO Box 611, Turlock, CA 95381.**

Physical examination to rule out contagious diseases or significant mental or physical impairment - similar to a sports physical - **(use Doctors forms)**

- Tuberculosis Test: PPD; with chest x-ray or other as recommended by doctor
- HIV Test
- Venereal Diseases (Syphilis, Gonorrhea, Chlamydia, Herpes)
- Tetanus Inoculation
- Liver Function Test; with **further Hepatitis C, B, & A** screening as recommended by doctor
- If you will be taking a particular medication while in the Teen Challenge program, make sure that the attending physician has sufficient information to verify it and state the prescribed medication and dosage on page 2. **This is a must** or you may not be allowed to take the medication.

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**RELEASE OF INFORMATION**

I, \_\_\_\_\_, willingly authorize the above-listed tests to be done and the results to be sent or FAXed to the Teen Challenge program personnel at PO Box 611, Turlock, CA. 95381, "Attn: Admissions Coordinator." The FAX # is **209.537-3699**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## PHYSICIAN TO SIGN

Upon examination of the perspective student named herein, I find him to be:

**Physically:**     good  average  poor    **Mentally:**         good  average  poor  
**Emotionally:**  good  average  poor

In my opinion this person is capable physically, mentally, and emotionally to participate in a long-term, residential program involving classroom and work experience, taking on responsibilities and strict discipline to help produce a self-disciplined lifestyle  Yes  No.

If No, please explain.

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I also verify that the following medication is prescribed and needed for his well-being: (if applicable)

- |    |      |         |
|----|------|---------|
| 1. |      |         |
|    | Name | Purpose |
| 2. |      |         |
|    | Name | Purpose |
| 3. |      |         |
|    | Name | Purpose |
| 4. |      |         |
|    | Name | Purpose |

By my signature below, the above-mentioned medication (if applicable) is not habit-forming and this information is true to the best of my ability, as able to be determined by the information provided by the patient.

Name of Physician (print):

\_\_\_\_\_ Date: \_\_\_\_\_

Signature of Physician: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: (     ) \_\_\_\_\_

**Please return this and all results/reports to: Faith Home Teen Challenge "Attn: Admissions Coordinator" Fax Number (209) 537-3699 or PO Box 611, Turlock, CA. 95381,**