



Rebuilding Lives...

Restoring Families...

Reclaiming Our Community

LABORATORY TESTS & PHYSICAL EXAMINATION FORM

Name: _____ Date of Birth: _____

1. The following lab work and copies are **MANDATORY** for admissions to the program and must be included with application before time of entrance.
 - a. HIV-Positive or Negative (Circle One) Date of Results: _____
 - b. Hepatitis Screening (Circle One) Date of Results: _____
 - i. Hepatitis B-Positive/Negative; Hepatitis C-Positive/Negative
 - c. Tuberculin Test/PPD- Date Read: _____ Size: _____ if 5mm or greater must have chest x-ray...Chest X-ray Date: _____ Reactive/Nonreactive (Circle)
 - d. Lab Results and Documents from A-C above must be included with this form. Results included should be no older than 6 months prior to admission to the admissions office.
2. PE: BP _____ T _____ HR _____ RR _____ HT _____ WT _____

	NORMAN	ABNORMAL	EXPLAIN ABNORMALITY
GEN			
HEENT			
CV			
ABD			
DERM			
NEURO			
SEIZURES			
OTHER (SPECIFY)			

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

4. Past Medical History: _____

5. Past Drug & Alcohol History: _____

6. Current Medications

Medication	Dosage

Name & Address of Examiner Please Print: _____

Signature of Physician: _____ Date: _____

Revised 2/27/17