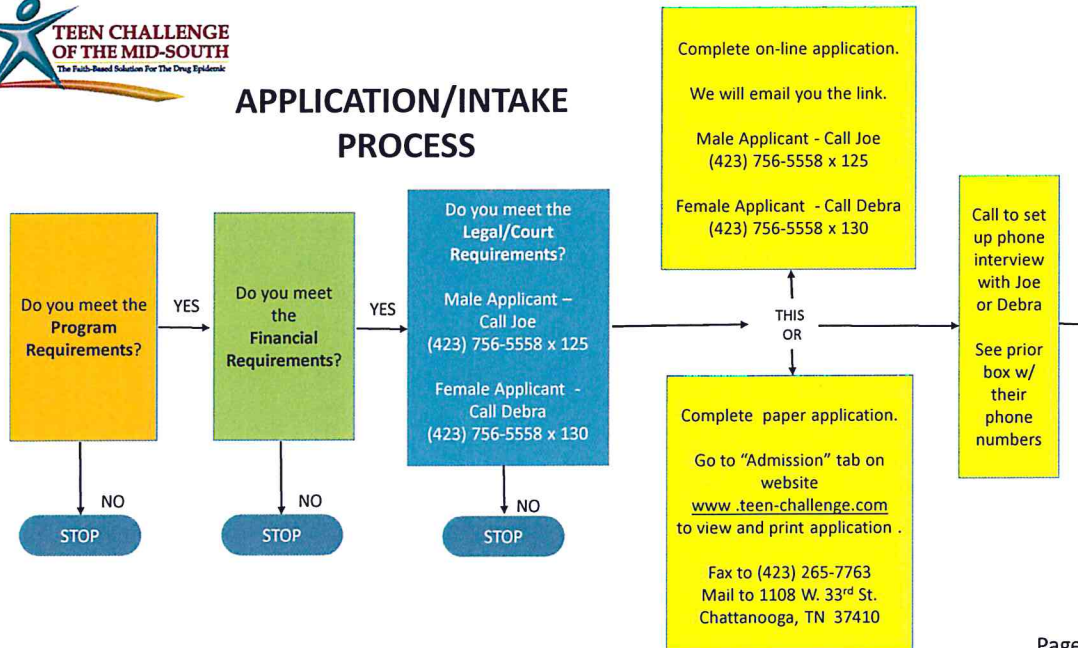
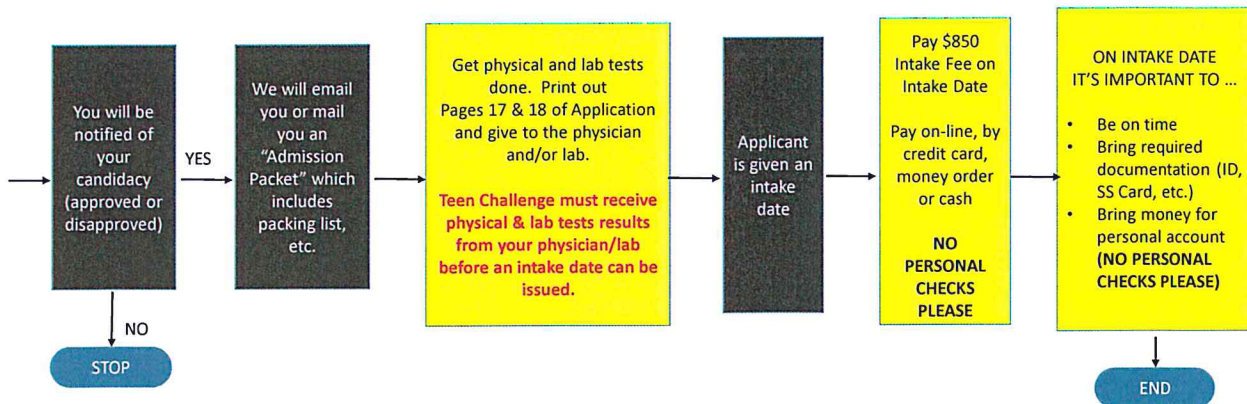




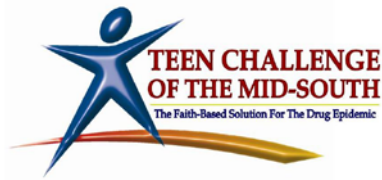
APPLICATION/INTAKE PROCESS



APPLICATION/INTAKE PROCESS



Program Requirements



TEEN CHALLENGE OF THE MID-SOUTH
1108 W. 33rd STREET
CHATTANOOGA, TN 37410
Phone: (423) 756-5558 • Fax: (423) 265-7763

Male Intake Coordinator	Joe Zinnert	(423) 756-5558 x 125
Female Intake Coordinator	Debra Firat	(423) 756-5558 x 130

- You must be at least 18 years of age or older (Cannot exceed the age of 50)
- You must have a substance abuse problem or a life controlling addiction
- Willing to consider a faith-based approach
- Willing to commit to a minimum of 12 months
- Willing to share a room with others, possibly of different races and backgrounds
- Willing to suspend all contact with non-family members while in the program (This includes, but is not limited to any girlfriend or boyfriend that you may be involved with.)
- * Note: We do not honor common-law marriages
- Must have a Social Security Card and Photo ID
- Must resolve any legal matters before entering the program (This includes, but is not limited to any warrants for your arrest.)
- Must submit to random drug tests while in the program (This includes, but is not limited to nicotine testing since we are a non-smoking facility.)
- Must have a physical examination and lab work done prior to entering the program. If this is not possible, (e.g. you are incarcerated), please discuss this matter with the Intake Coordinator. (The disadvantage of not knowing your lab results before you enter the program is, if you test positive for TB, HIV or if you are pregnant, you will not be able to continue in our program).
- Must have a T.B. test done within 30 days prior to entering the program
- Must have no physical limitations. Must be able to participate in all program activities, etc. (e.g. attend classes, walk, climb into van, lawn care, maintenance, housecleaning)
- We recommend a dental examination. If dental issues arise, you may be required to withdraw from the program.
- We do not allow any psychiatric medications to be taken while in the program (This includes, but is not limited to prescription painkillers, anti-depressants, mood stabilizers, etc.)
- * Note: Non-Psychiatric medications prescribed by a doctor for physiological reasons, such as epilepsy, blood pressure, diabetes, etc. are allowed but will be administered by staff while in the program. (You, the student, must take full responsibility for the daily requirements of your condition without reminders from staff).
- We do not allow women that are pregnant
- We do not allow those who are TB or HIV positive
- We do not allow those who have been convicted of a sexual crime (we are located next to a school).

Financial Requirements

Intake Fee	\$850	Non-refundable	Pay on intake date	NO PERSONAL CHECKS. Pay on-line, by credit card, cash or money order.
Monthly Tuition/Support	Minimum of \$300		If student enters the program on the 1 st -10 th the \$300 monthly fee is due the 1 st of the following month. If the student enters the program on the 11 th - 31 st , the \$300 monthly fee is not due the 1 st of the following month but the 1 st of the month after that.	Must provide credit or debit card information. Payment charged to credit or debit card on the 1 st of each month.
Student Account Money	\$20 - \$50 maximum	Non-refundable	Pay on intake date	NO PERSONAL CHECKS. Cash or money order.

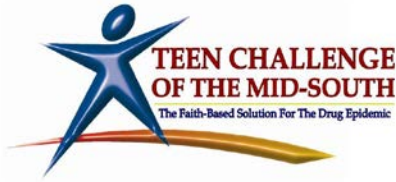
If the applicant receives SSI (Social Security) or other Government benefits (disability, pension, etc.), the Social Security Administration has designated that 30% of your benefit must be applied to room and board. Thirty percent or \$300 (minimum monthly support payments), whichever is greater, must be given to Teen Challenge for your housing.

Note: All fees are for services rendered and are not tax deductible.

Monthly Tuition/Support Policy

Teen Challenge has earned a reputation of being among one the most successful programs in the nation, helping those bound by life-controlling addictions.

What do you and your loved one receive for \$10 per day/\$300 per month? The cost to care for a student in the Teen Challenge of the Mid-South program is approximately \$3,000 per month. Teen Challenge provides housing and care 24 hours a day, seven days a week. This includes lodging in our new and clean facilities, utilities, meals, transportation, classroom materials, counseling and clothing if needed. We are asking the family to commit to 10% of the cost as a “minimum” support level. This can be done by using the same methods that we use when fundraising, contacting family, friends and your church family to give towards this support. We (Teen Challenge) will do our part to raise other 90% for your loved one. While we do receive food stamp subsidies for some (not all) students, it in no way covers the cost to feed our residents for a month.



Court/Legal Requirements

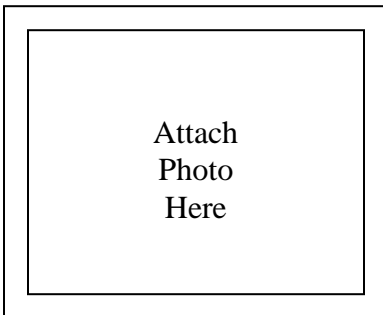
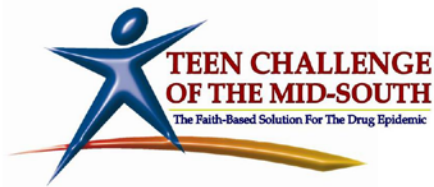
TEEN CHALLENGE OF THE MID-SOUTH, INC.
1108 W. 33rd STREET
CHATTANOOGA, TN 37410
Phone: (423) 756-5558 • Fax: (423) 265-7763

An applicant must resolve legal matters and receive approval from the court and/or their probation officer to enter our program. If you have specific questions or need clarification about your particular situation please call the following:

Male Intake Coordinator	Joe Zinnert	(423) 756-5558 x 125
Female Intake Coordinator	Debra Firat	(423) 756-5558 x 130

Teen Challenge's desire is to fulfill all of the requirements of the court for students that may be probated to our facility as a sentencing alternative. This is to communicate what we require in order to issue an intake date to an applicant for entrance into our program. Teen Challenge of the Mid-South requires a copy of the court order or letter from the court that contains the following information:

1. A statement whether the applicant is required to complete the entire program and graduate as part of a sentence agreement.
2. A statement that all legal issues under the jurisdiction of the issuing court have been taken care of or postponed until the applicant has completed the program. Teen Challenge cannot transport students to court appointments or other hearings.
3. A list of people with contact information that may require periodic progress reports, how often they need to be and the form the updates need to be in (fax, phone, email).
4. A list of all persons with contact information that need to be notified if the applicant leaves the program or is dismissed from the program.



Application for Admission

I. GENERAL

TODAY'S DATE ____ / ____ / ____

- Name: _____
First Middle Last
- Present Address: _____
Street City State Zip
Phone: _____
- Referred to Teen Challenge by: _____
Name Phone

Address City State Zip
Relationship (Friend, Relative, etc.) _____

II. PERSONAL

- Birthdate: ____ / ____ / ____ Age: ____ Gender at Birth: M F Weight: ____ Height: ____
- Race: White Black Asian or Pacific Islander Hispanic American Indian Other _____
- Are you an American Citizen? Yes No
- Last grade completed: _____ GED? Yes No
- Have you served in any branch of the military? Yes No Which Branch? _____
Type of discharge: _____
- Do you have any Reserve or military obligation at this time? Yes No
If yes, explain: _____
- What is your sexual preference? Homosexual Bisexual Transsexual Heterosexual
- Have you ever engaged in homosexual activities? Yes No How recently? _____
- What are your present living conditions? With Whom? _____ Where? _____
How are you supported? _____
- What significant changes have occurred in your life recently? (Behavior, employment, activities, etc.)

- What is your email address? _____ What is your MySpace address? _____
What is your Facebook address? _____

III. MARITAL STATUS

- Single Married Separated Divorced Common Law Widowed Remarried
- Spouse or Ex-Spouse's Full Name: _____ Phone: _____

Address City State Zip

3. If separated or divorced, please give date: _____
 Reason for breakup: _____
 What is the relationship like now? _____
4. Do you have a boyfriend/girlfriend/fiancé? Yes No
 If yes, what is the relationship like? _____
5. Do you have dependents? Yes No

Dependent's Name	Birthdate	Age	Other Parent's Name	Child Support	Custody	
					Me	Other
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

IV. DRUG HISTORY

1. Have you ever experimented with drugs or alcohol? Yes No

Drugs used:	Usage		How Often Used?			
	1 st Time	Last Time	Once	Several	Often	Regularly
Alcohol						
Barbiturates/Benzos (downers)						
Amphetamines/Meth (uppers)						
Heroin/Opium/Pain Meds						
Cocaine/Crack						
Hallucinogenics						
Glue/Inhalants						
Tobacco						
Marijuana						
Other (Specify)						

2. Longest period clean? _____ When was that? _____

V. LEGAL STATUS

1. Have you ever been arrested? Yes No How many times? _____
2. Are there pending charges? Yes No If yes, when is court date? _____
 What are they? _____
3. Are you currently on probation? Yes No
 Are you currently on parole? Yes No
 Time remaining? _____
 How do you report? In person By Mail How often do you report? _____
- Probation/Parole Officer : _____ Phone: _____
 Address: _____

4. Have you ever been in prison? Yes No When? _____ Where? _____

5. Name of Lawyer: _____ Phone: _____
Address: _____

I GIVE TEEN CHALLENGE PERMISSION TO CONTACT THOSE ABOVE (Probation/Parole Officers/Lawyer).

Signature of Applicant _____

VI. SPIRITUAL STATUS

- 1. Do you believe in God? Yes No Uncertain
- 2. Have you ever committed your life to God? Yes No
If so, Where? _____ Date: _____
a. What were the circumstances that led to your decision? _____

- 3. How often do you attend church? Never Sometimes Regularly
Denominational preference: _____

- 4. Have you ever been involved in the occult? Yes No

VII. FINANCIAL STATUS

- 1. Are you receiving welfare, unemployment compensation, disability payments, workman's compensation, alimony, or other income? Yes No
Explain: _____

- 2. Do you have any outstanding debts or fines? Yes No
Explain: _____

Owed to	Amount	Address	Phone	Payments

VIII. THE PRESENTING PROBLEM

- 1. What is the main problem in your life, as you see it? (Why are you wanting to come here?)

- 2. What have you done about it in the past? _____

- 3. Have you ever been involved in a Teen Challenge program before? Yes No Can't Remember
If yes, When? _____ Where? _____
- 4. Have you ever been in any other type of program before? Yes No How many? _____
 Religious Non-Religious

IX. HEALTH STATUS

1. Range your general health: Excellent Good Fair Poor
2. Do you have any HIV, Hepatitis or TB? Yes No If so, what? _____
Do you have epilepsy, seizures, diabetes? Yes No If so, what? _____
3. List any medical problems or handicaps:

4. Are there any medical limitations or problems that would keep you from being able to participate in all program activities, etc. (e.g. attend classes, walk, climb into the van, lawn care, maintenance, housecleaning)?

5. Are you presently receiving medical care? Yes No If so, where? _____
6. Are you currently taking prescription medication? Yes No If so, please list:

7. Have you been hospitalized within the past 12 months? Yes No If so, please explain:

8. List all medications to which you are allergic or sensitive to:

9. List all allergies (including food, latex, insects, etc.):

10. Have you ever had psychiatric care? Yes No If so, please explain:

11. Have you ever attempted suicide? Yes No If so, How?
When? _____
Was it drug or alcohol related? Yes No If so, explain:

12. What is the condition of your teeth? _____
(You **must** have all the necessary dental work completed **before** coming into Teen Challenge. Unless something arises of an emergency nature, you will not be taken to a dentist while in Teen Challenge).

For Women Only:

1. Are you pregnant? Yes No Maybe Why do you think so? _____
2. Menopause? (Change of Life) Yes No If so, when? _____
3. Have you ever had an abortion? Yes No If so, how many times?
Please explain the circumstances of each time:

Release of Information Instructions

VERY IMPORTANT: This release of Information document informs us of any person that you want informed of your intent to enter the program, or who may be involved in your intake process. The information exchanged with these people may be utilized to determine your eligibility for the program, and develop or revise a treatment plan once enrolled. Because of Federal confidentiality laws, you must list, **EVERY** person, even immediate family members, that are to be informed of your intent or may be involved in the intake process. In short, **if a person's name is not on the list, we will not be allowed to communicate with them or even acknowledge the receipt of an application, regardless of who they are or their relationship to you.** The ONLY exception to this will be in accordance with Federal guidelines.

EMERGENCY NOTIFICATION

Next of Kin
Name: _____ Relationship: _____

Address: _____

Phone: _____

Fax: _____

Email: _____

Signature of Applicant _____ Date _____

- Please turn page over and print your full name on the top line.
- List the names of those you want involved or notified as well as their title, relationship and phone/fax number.
- You and a witness sign and date the form.

Release of Information Form

I, _____ do hereby give Teen Challenge of the Mid-South Inc. and the following people and entities:

Name of Probation Officer (please print)

Name of Attorney (please print)

1. _____ / _____
Name (please print) Title, Relationship, Phone/Fax Number
2. _____ / _____
Name (please print) Title, Relationship, Phone/Fax Number
3. _____ / _____
Name (please print) Title, Relationship, Phone/Fax Number
4. _____ / _____
Name (please print) Title, Relationship, Phone/Fax Number
5. _____ / _____
Name (please print) Title, Relationship, Phone/Fax Number
6. _____ / _____
Name (please print) Title, Relationship, Phone/Fax Number

Permission to share and communicate personal information concerning me for the purposes of determining eligibility for and or facilitating entry into the Teen Challenge residential program located in Chattanooga, Tennessee. This release shall also extend to the development and revision of my treatment plan while enrolled in the program as well as making the transition back to normal life after the program.

Student Signature _____ Date _____

Witness Signature _____ Date _____

*This consent is subject to revocation in writing by the student at any time except to the extent that the ministry or person who is to make the disclosure has already acted on it.

This consent automatically expires one year and six months from the date it is signed.

Financial Responsibility Form

Accepting my Biblical responsibility (I Timothy 5:8), I commit to provide \$ _____ monthly while _____ (student) is in the program.

Sponsor Name (Please Print)

Address

City State Zip

Telephone #

Email Address

Sponsor Signature

Required Credit Card Information:

Visa Master Card Discover Am. Express

Credit Card Number: _____ - _____ - _____

Expiration Date: _____

Print Name as it appears on the card: _____

Billing Address: _____

Card holder Phone: _____

Card holder Signature: _____

NOTE:

Failure of the family to follow through on their part of the agreement will result in the release of the student from the program. As we promise to keep our part of the agreement, the family needs to do the same. Failure to do so would constitute a breach of the agreement.

Teen Challenge of the Mid-South Dental/Medical/Drug Withdrawal Policy

Due to the fact that Teen Challenge of the Mid-South, Inc. is NOT a medical facility, the following policies have been enacted:

DENTAL:

It is STRONGLY ADVISED that students get a dental check-up prior to entering the program! Students enrolled in our program **WILL NOT** have access to a dentist for 8-9 months except for emergencies or while on pass. In the event of an emergency, the student's family will be responsible for any medical costs. *If a student in the program requires on-going dental treatment that cannot be taken care of while on pass, they will be required to take a leave of absence.* Once the work is completed and we receive verification, they can return to the program.

- Date of last dental check-up _____ Applicant Initial _____

MEDICAL:

Students will only have access to medical care in case of emergencies. Students that have a pre-existing condition or a condition that develops while enrolled in the program which requires on-going medical treatment will be required to take a leave of absence. We must receive medical release/verification before they can return to the program.

Applicant Initial _____

DRUG/ALCOHOL WITHDRAWAL:

Due to the fact that some withdrawal symptoms are unpleasant but some can be FATAL, severe alcoholics and those taking certain medications require a physician's statement that you have gone through a "detox" process or that you have been weaned off the medication under their supervision. If you enter the program but are not able to participate due to drug or alcohol withdrawal for more than 1-2 days, you will be required to take a leave of absence and go through a medically supervised detox. To return to the program you would need to provide us with medical verification that you have done so. Applicant Initial _____

I have read and understand the above policies.

Applicant Name (print): _____

General Program Rules Agreement

The following are just some of the basic rules of Teen Challenge of the Mid-South. You will be provided with a complete list of rules upon admittance.

Christian Growth Center:

1. I understand that Teen Challenge is a Christian Growth Center and I agree to be subject to Biblical teaching and Christian forms of behavior.
2. I agree to assume personal responsibility for my own attitude and behavior at all times. I understand that what program authority calls incorrect behavior and a bad attitude will be confronted and may be disciplined if necessary.

Personal:

1. I will not possess or use drugs at any time, including psychiatric medication.
2. I will not use tobacco or nicotine in any form or have cigarettes in my possession.
3. I will not curse or use off-color expressions or bodily gestures.
4. I will not talk about street life, drugs, or reminisce about past wrong doings.
5. I will not horseplay or engage in any other inappropriate body contact.
6. I will not become part of a clique.
7. I will not call other people names.
8. I will not go outside of the house without staff permission.
9. I will not grow a beard (men) while in the program.
10. I will not sing, whistle, or hum secular songs while in the program.
11. I will not attempt to write, call or make contact with my boy/girlfriend.

Family:

1. I will agree to the staff screening and perhaps reading my mail.
2. I agree to write only members of my immediate family.
3. I agree to make (or receive) only two phone calls per week, after a 14-day waiting period.

Group:

1. I agree to participate in all scheduled activities including class, chapel, church, work, and recreation. I will do what I'm required to do in each of these activities.
2. I agree to conduct myself in a Christ-like manner and will not do anything in public that will call attention to myself or reflect badly upon the whole group.
3. I understand the length of the Teen Challenge Program is a minimum of 12 months and commit to complete the entire Teen Challenge Program.

Discipline:

1. I understand that I'm expected to be prepared, in place, and on time for all my scheduled activities 24 hours a day. I also understand that any tardiness, unpreparedness, and other forms of carelessness will result in disciplinary action.
2. I understand that my room must be kept in a neat and orderly manner at all times. I agree to work together with my roommates to keep it clean and in shape for inspection.
3. I understand there will be a dress code.
4. I understand there will be a grooming code: shave before breakfast (men), hair combed (also before breakfast and throughout the day), shower once a day, etc.
5. I understand that disciplinary action may include: extra duty, loss of privileges, suspension, or dismissal.

I have read these Rules and my signature indicates that I have a good understanding of them and that I'm willing to commit myself to these agreements and to the more detailed Handbook agreements I will receive upon Intake.

Staff Signature _____ Student Signature _____

Date: _____

STUDENTS WITH WIFE AND/OR CHILD/CHILDREN:

The needs of my wife and/or children are being provided while I'm in Teen Challenge.

Staff Signature _____ Student Signature _____

Date: _____

Student Agreement

1. I have read the general program rules and consent to abide by all of them, whether I agree with them or not.
2. I will dedicate myself to the discipleship program until it is recognized by the TC staff that I qualify for completion. I realize this is only possible by submitting to the Lordship of Jesus Christ and that I cannot do this in my own strength.
3. I release to Teen Challenge the right to search, read, and withhold my mail in the manner explained in the rules.
4. I release the right to Teen Challenge to do a room search and/or drug screen without warning. (Note: This is not done routinely, but only at times of definite cause.)
5. I release the right to Teen Challenge to make a thorough search of my person and belongings on the day of my admission.
6. I understand that withdrawal from drugs, alcohol, and cigarettes will be done "cold turkey" aided only by prayer. If this is not agreeable, withdrawal should be done prior to entrance.
7. I understand that Teen Challenge will not be held responsible for any of my personal property left, lost, or stolen while I am in the Teen Challenge program. When leaving Teen Challenge, I understand that all my personal property must be taken with me.
8. I release Teen Challenge from all financial or legal responsibilities in case of accident, injury, illness, or other misfortune.
9. I understand that I will not receive payment for the work I do while in the Teen Challenge program. I also understand that the purpose of this work is to aid in my character development.
10. I release the right to Teen Challenge to withhold any of my belongings that they deem necessary. Any items not specifically listed under "Forbidden Items" in the rules will be held for me until my departure.
11. I agree to submit to the authority of all staff members.

Date

Applicant's Signature



Statement of Faith

- 1) We believe the Bible to be the inspired, the only infallible, authoritative Word of God.
- 2) We believe that there is one God, eternally existent in three Persons: Father, Son and Holy Spirit.
- 3) We believe in the deity and humanity of Christ, in His virgin birth, in His sinless life, in His miracles, in His vicarious and atoning death through His shed blood, in His bodily resurrection, in His ascension to the right hand of God the Father, in His present rule as Head of the Church and in His personal return in power and glory.
- 4) We believe in the blessed hope - the rapture of the Church at Christ's coming.
- 5) We Believe the biblical order for human sexual expression as being between one man and one woman who have committed to a lifelong marriage covenant (Gen 2:24, Matt. 19:5). Any expression of human sexuality outside of the marriage covenant between one man and one woman is sin (Ex. 20:14; Lev 18:22-23, 20:13; Matt 15:19). God wants us to avoid sexual immorality and live holy and honorable lives of faithfulness.
- 6) We believe that the only means of being cleansed from sin is through repentance and faith in the precious blood of Christ.
- 7) We believe that for the salvation of lost and sinful men/women, regeneration by the Holy Spirit is absolutely essential.
- 8) We believe in the present-day ministry of the Holy Spirit, by Whose indwelling the Christian is enabled to live a godly life.
- 9) We believe the redemptive work of Christ on the cross provides healing of the human body in answer to believing prayer.
- 10) We believe the baptism in the Holy Spirit, according to Acts 2:4, is given to the believers who ask for it.
- 11) We believe in the resurrection of both the saved and the lost – they that are saved unto the resurrection of life and they that are lost unto the resurrection of damnation.
- 12) We believe in the spiritual unity of believers in our Lord Jesus Christ, with equality across racial, gender and class differences.

Signature

Printed Name

Date

Daily Program Schedule

TEEN CHALLENGE OF THE MID-SOUTH, INC.
 1108 W. 33rd STREET
 CHATTANOOGA, TN 37410
 Phone: (423) 756-5558 • Fax: (423) 265-7763

MONDAY - FRIDAY	SATURDAY	SUNDAY
<p><u>6:10 AM</u> Wake-up</p>	<p><u>8:30 AM</u> Wake-up</p>	<p><u>6:45 AM</u> Wake-up</p>
<p><u>6:50 AM</u> Clean Room</p>	<p><u>9:20 AM</u> Breakfast</p>	<p><u>7:30 AM</u> Breakfast</p>
<p><u>7:10 AM</u> Breakfast</p>	<p><u>10:15 AM – 12:30 PM</u> Free Time & Devotions</p>	<p><u>8:20 AM</u> Leave for Church</p>
<p><u>8:00 AM</u> Chapel, Morning Prayer, Choir or Devotions</p>	<p><u>12:30 PM</u> Lunch</p>	<p><u>1:00 PM</u> Lunch</p>
<p><u>9:00 AM - 10:30 AM</u> Personal & Group studies</p>	<p><u>2:00 PM – 5:30 PM</u> Recreation / Free Time</p>	<p><u>2:00 PM – 4:30 PM</u> Visitation (2 Sundays per Month) or Free Time (2 Sundays per Month)</p>
<p><u>10:30 AM - 11:50 AM</u> Personal & Group studies</p>	<p><u>5:30 PM</u> Dinner</p>	<p><u>4:30 PM</u> Snack & Get Ready for Church</p>
<p><u>12:00 PM</u> Lunch</p>	<p><u>6:00 PM - 9:00 PM</u> Free Time</p>	<p><u>5:30 PM</u> Church</p>
<p><u>1:00 PM</u> Free Time</p>	<p><u>9:00 PM</u> Prepare for Bed</p>	<p><u>After Church</u> Dinner</p>
<p><u>1:35 PM - 5:00 PM</u> Work Detail, Free Time, Devotions, Exercise or Outreach Opportunities</p>	<p><u>9:20 PM</u> Quiet Time in Bed</p>	<p><u>9:00 PM</u> Prepare for Bed</p>
<p><u>5:30 PM</u> Dinner</p>	<p><u>10:00 PM</u> Bed & Lights Out</p>	<p><u>9:45 PM</u> Bed & Lights Out</p>
<p><u>6:30 PM - 7:30 PM</u> Study Hall</p>		
<p><u>7:30 PM - 9:00 PM</u> Free Time, Church Services or Teen Challenge Graduation Service</p>		
<p><u>9:00 PM</u> Prepare for Bed</p>		
<p><u>9:20 PM</u> Quiet Time in Bed</p>		
<p><u>9:30 PM</u> Bed & Lights Out</p>		

Health Screening Form

TEEN CHALLENGE OF THE MID-SOUTH, INC.
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CHATTANOOGA, TN 37410
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*** To Be Completed By Physician, Physician's Assistant or Nurse Practitioner ONLY! ***

Today's Date: _____

1. Name _____ D.O.B. _____
2. Present Illness/Complaint/Disabilities, if any: _____

3. Allergies: _____
4. Medicine currently prescribed and reason: _____

5. Has client been exposed to any communicable diseases: Yes _____ No _____
If yes, please specify: _____
6. History of chronic or major illness: _____

7. Operations: _____

8. Hospitalizations: _____

9. Immunizations: Last Tetanus Toxoid _____ Polio _____ Measles _____ Mumps _____
Rubella _____ Other _____

Physical Examination

Code: Satisfactory = S

Unsatisfactory = U

Not Examined = O

Height _____

Weight _____

B/P _____

Pulse _____

Respirations _____

Temperature _____

Patient Name _____ Date _____

General Appearance (including schemata of drug abuse)

Nutrition _____

Head: _____

Ears _____ Hearing: R _____ L _____

Eyes _____ Vision: (without glasses) R _____ L _____

(with glasses) R _____ L _____

Nose _____ Throat _____ Mouth/Teeth _____ Neck/Thyroid _____

Chest _____ Cardiac _____ Abdomen _____ Genitalia _____

Hernia _____ Skin _____ Musculo Skeletal _____ Neurologic _____

Required Lab Tests (for Male & Female)
Attach computer printout of all test results

- Hepatitis B _____, Hepatitis C _____
- H.I.V. _____
- TB _____ **This test must be done within 30 days prior to entering program**
- Pregnancy _____ (female only)

General comments, assessments, and recommendations on above:

Signature of Examining Physician

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

Applicant Signature: _____ Date: _____