**CONFIDENTIAL**  004

**MEDICAL HISTORY**

**Northern Appalachian Adult & Teen Challenge**

Training Center

Applicant’s name:

Mailing address: Street

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ City State Zip

Phone

**The following lab tests must be completed prior to you being admitted into the Teen Challenge program.** You can mail each test result to Northern Appalachian Adult & Teen Challenge, PO Box 4253 Clarksburg, WV 26302

Athletic Physical

Tuberculosis (PPD or chest x-ray)

Hepatitis B

Hepatitis C

HIV

Pregnancy test (female applicants) (can be purchased at any pharmacy)

We must receive the results of your athletic physical and tuberculosis and pregnancy tests, as applicable, **before** your admission to the program. We must receive the results of your hepatitis B, hepatitis C, and HIV tests **within 10 days** of your enrollment into the Training Center program. You must sign a release at your appropriate provider’s office allowing them to send your test results directly to us.

**Please complete the following:**

Sex: [ ] Male [ ] Female Date of Birth \_\_\_/\_\_\_/\_\_\_ Age \_\_\_\_ Height \_\_\_\_\_\_\_ Weight \_\_\_\_\_\_\_

Who is your present primary care physician?

His/her Phone Number:

If you enter our program, what provisions would be made to pay for any medical and/or dental expenses you may incur while here?

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Please list and describe any illness, injury, or symptom that you are currently experiencing and for which you are being treated:

Describe any serious physical injuries you have had in the past 10 years:

List any prescription medications you will be required to take while in the Teen Challenge program:

**NOTE: Because of the intensity of our program we cannot admit applicants who are required to take medication that could affect their motor senses or judgment.**

List any allergies (hay fever, asthma, hives, aspirin, foods, bee stings, or other substances) you may have:

Do you require a special diet or have food allergies? \_\_\_\_\_\_\_ If yes, please explain:

When were your eyes last examined? Results: [ ] Excellent [ ] Good [ ] Bad

Any present problems with your eyes? \_\_\_\_\_\_\_ If yes, please explain:

Do you wear prescription glasses? \_\_\_\_\_\_\_ Are your glasses in good condition? \_\_\_\_\_\_\_

When were your teeth last examined? \_\_\_\_\_\_\_\_ What were the findings? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you presently have any abscesses or infections? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever experienced or do you presently have a physical impairment, injury, handicap, or medical problem that may prevent you from performing manual work-related tasks while enrolled in the Teen Challenge program? \_\_\_\_\_\_\_ If yes, please explain:

Have you ever received mental health treatmentnot related to drug or alcohol use? \_\_\_\_\_\_\_ If yes, please explain:

Have you ever been diagnosed with a sexually transmitted disease, HIV, or Hepatitis? \_\_\_\_\_\_\_ If yes, please explain:

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Have you ever filed a malpractice law suit against any physician or medical establishment? \_\_\_\_\_\_\_\_\_\_

Have you been addicted to drugs and/or alcohol in the last 30 days? \_\_\_\_\_\_\_ If yes, please list them:

Do you feel you should be medically detoxed prior to enrolling into our program? \_\_\_\_\_\_\_

**The next seven questions are for female applicants only**

Do you have normal menstrual cycles? \_\_\_\_\_\_\_

Any vaginal bleeding between periods? \_\_\_\_\_\_\_

When was your last pelvic exam? Were there any adverse findings? \_\_\_\_\_\_\_

Are you pregnant now? \_\_\_\_\_\_\_

Have you ever experienced anorexia, bulimia, or any other eating disorder? \_\_\_\_\_\_\_ If yes, please explain:

Have you ever received treatment for your eating disorder? \_\_\_\_\_\_\_ Please explain:

**All applicants**

**Please read carefully and sign**

I, the undersigned applicant, fully confirm that the information provided herein is accurate and true to the best of my knowledge, and this application form has been completed and filled out by me in my own handwriting. I fully understand that any false or incomplete information may result in my disqualification from admission into or continuation in the program.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

Applicant’s Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

Witness’ signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness’ printed name