

TEEN CHALLENGE  MONTEREY BAY
A NEW WAY OF LIFE FOR MEN, WOMEN AND CHILDREN

MEDICAL FORM

Date: _____

Upon examination of _____, I found him/her, in
(Patients name)

My medical opinion, to be free from communicable disease and in _____
(good, average, poor)
health physically, and in _____, health emotionally.
(good, average, poor)

Handicaps (physical, mental, emotional): _____

Specific Treatment: _____

Drug Allergies: _____

Any evidence of MRSP (Macrolide- Resistate Streptococcus Pneumoniae)? _____

LABORATORY RESULTS	
Chlamydia:	_____
Gonorrhea:	_____
Herpes:	_____
Syphilis:	_____
T.B. Skin Results:	_____
Hep. A, B, & C:	_____
Pregnancy Test Results (for women):	_____
HIV Test:	_____

In my professional opinion, this person is stable enough physically, mentally, and emotionally to participate in a 13- month minimum residential program at a Teen Challenge Monterey Bay facility.

Doctor's Signature: _____
Office Address: _____
City: _____ State: _____ Zip: _____
Phone: (____) _____