

**MEDICAL FORM**

Please fill out completely.

**Blood test results must be provided before your child will be entered into our program.**

---

**PHYSICIAN'S STATEMENT**

Upon examination of \_\_\_\_\_, I have, in my medical opinion, to be free from communicable diseases including: TB  HIV  Hepatitis A, B and C  (Initial Intake)

Has had recent travel outside of the U.S.? Explain: \_\_\_\_\_

Her overall **physical health** is:    Good                    Average                    Poor

Her overall **mental health** is:    Good                    Average                    Poor

Her overall **emotional health** is:    Good                    Average                    Poor

**Handicaps** (Physical, Mental, Emotional): \_\_\_\_\_

**Specific treatment:** \_\_\_\_\_

**Drug Allergies:** \_\_\_\_\_

**Prescriptions:** \_\_\_\_\_

**Recommended Treatment or Follow up needed:** \_\_\_\_\_

In my opinion, the person is stable enough physically, mentally and emotionally to participate in a long-term group program involving teaching, learning, taking of responsibilities and strict discipline to help produce a self-disciplined life.

**Physicians Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Office Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

Please scan-send email records of immunizations to [thrivegirlsacademy@tctexas.org](mailto:thrivegirlsacademy@tctexas.org) or mail to Teen Challenge of Texas, THRIVE Girls Academy, Rev. Rodger Anderson, PO Box 1054, Hutto, TX 78634

\*I understand that incomplete testing will delay the processing of my child's application.

**Parent's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Page 2 Parental Attachment

Parents Please answer the following below to the best of your ability for your daughter.

In the past 3 weeks, has your daughter experienced the following symptoms: fever, cough, difficulty breathing and respiratory congestion? Yes or No If yes, explain:

---

---

---

In the past 30 days, has your daughter traveled, lived or been in contact with someone that has traveled outside of the US?

Yes No If yes, explain:

---

---

---

In the past 3 weeks, has your daughter been on a cruise ship, or traveled outside of your state?

Yes or No If yes, explain:

---

---

---

If it becomes evident for medical reasons that your daughter cannot be in the general population within our campus, where would you like to be discharged to?

---

---

---

STUDENT TEMP: \_\_\_\_\_

Parent's Name & Signature: \_\_\_\_\_ Date: \_\_\_\_\_