



# New Mexico Job Challenge Academy

300 San Pedro Drive NE  
 Leon Harms Youth Hall  
 Albuquerque, NM 87108

## Physical Examination Form

*This form should be filled out by the Applicant's Primary Care Physician*

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Date of Exam: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Are there any PRE-Existing injuries/illnesses that NMNGJCA should be aware of? \_\_\_\_\_

General Appearance: \_\_\_\_\_

Vitals: Temp: \_\_\_\_\_ Pulse: \_\_\_\_\_ Resp: \_\_\_\_\_ BP: \_\_\_\_\_

## Physical Examination

	Normal	Abnormal/Findings	Initials
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart			
Pulses			
Lungs			
Abdomen			
Skin			
Neck			
Back			
Shoulder/ Arm			
Elbow/Forearm			
Wrist/Hands			
Hip/Thigh			
Knees			
Leg/Ankles			
Feet			
Breast (female)			
Genitalia (males)			
Flu Vaccine Given (optional)	Date: Lot:	Manufacturer: Exp:	

\_\_\_\_\_ **Physically Qualified** – The patient is cleared to participate in all forms of physical activity to include but not limited to running, marching, push-ups, sit-ups, and pull-ups.

\_\_\_\_\_ **NOT Physically Qualified** – The patient is not physically qualified to participate in the above physical activities due to findings listed above.

Physician's Printed Name

Physician's Signature

Phone Number