



**UNITED STATES MARINE CORPS**  
 JUNIOR RESERVE OFFICERS TRAINING CORPS  
 GOLDR COLLEGE PREP COLLEGE PREP

**HEALTH APPRAISAL FORM**

\_\_\_\_\_  
 Last Name                      First                      Middle Birth Date                      School Grade

Has student a history of the following? Mark X only if yes and write remarks below.	
1. Chicken Pox	14. Orthopedic problems
2. Measles	15. Convulsions or equivalent
3. German Measles	16. Other neurological disorder
4. Mumps	17. Emotional problem
5. Allergy	18. Accidents
6. Eye problems	19. Operations
7. Ear problems	20. Hospitalizations
8. Pulmonary disease	21. Other
9. Cardiac disease	22. Is student using medication? If yes, explain.
10. Endocrine disorder	
11. Menstrual disorder	
12. Kidney disease	
13. Congenital anomalies	

**IMMUNIZATION HISTORY**

Initial Series Year	Boosters			Date	Result	Date	Result
	Date	Date					
DPT			Small Pox				
OT			TB Skin Test				
Tetanus			Chest X-Ray				
Polio							
Measles							
Mumps							
Rubella							

Remarks:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

To the best of my knowledge:

- ( ) My child's physically qualified to participate in the MCJROTC program.
- \*( ) My child's physically qualified to participate in the MCJROTC program with the following limitations \_\_\_\_\_
- \*( ) My child's not physically qualified for the MCJROTC program.

\_\_\_\_\_  
 Parent(s)/Guardian Signature

*\*If any block is checked, SMI/MIs must refer the cadet to a physician to complete the back of this form.*



**UNITED STATES MARINE CORPS**  
 JUNIOR RESERVE OFFICERS TRAINING CORPS  
 GOLDR COLLEGE PREP COLLEGE PREP

**PHYSICAL EXAMINATION FORM**

Reason for examination: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ B.P. \_\_\_\_\_ P. \_\_\_\_\_

General appearance (body build, nutritional status, behavior, etc.) \_\_\_\_\_

I. Mark X if abnormal and write description in block II	
1. Posture	9. Lymph glands
2. Skin and scalp	10. Thorax, lungs
3. Eyes	11. Heart
4. Ears	12. Abdomen, hernia
5. Nose	13. Genitalia
6. Mouth, teeth	14. Extremities
7. Pharynx, tonsils	15. Back
8. Neck, thyroid	16. Neuromuscular System
VISION	
Uncorrected	Corrected
Right	Urinalysis Sugar: _____ Albumin: _____
Left	

II. Descriptions of abnormal findings:

\_\_\_\_\_

- ( ) I find this student physically qualified to participate in the MCJROTC program.
- ( ) I find this student physically qualified to participate in the MCJROTC program with the following limitations: \_\_\_\_\_
- ( ) I do not find this student physically qualified.

\_\_\_\_\_ **MD**

Street \_\_\_\_\_

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

Phone Number \_\_\_\_\_

**NOTE: This side should only be completed in accordance with school regulations or when the cadet's parent/guardian advises that the cadet has limitations or is physically unqualified.**