



COLORADO RIVER INDIAN TRIBES

Career Development Office

26600 MOHAVE ROAD
PARKER, ARIZONA 85344
(928) 669-5548 • Fax (928) 669-5570
careerdevelopment@crit-nsn.gov

ACADEMIC YEAR 2025-2026

CDO ADULT VOCATIONAL TRAINING PROGRAM

Congratulations on your decision to continue your education!! The Colorado River Indian Tribes (C.R.I.T.) funds eligible tribal member students through Tribal and Bureau of Indian Affairs (BIA) funds, who are pursuing a Certificate, Diploma, or an Associates of Applied Science (AAS) degree at an accredited Vocational Training Facility.

The purpose of the Career Development Office (CDO) is to serve eligible C.R.I.T. Tribal members and provide them the opportunity to achieve their educational goals. This opportunity, if provided, is a privilege with the intent that the recipient, upon graduation, will return and apply their learning to benefit the continuing development of C.R.I.T.

The Vocational Program shall be a minimum of six (6) weeks and not to exceed two (2) years/24 months.

DEADLINE DATES:

FALL SEMESTER JUNE 30TH BY 5:00 PM MST
SPRING SEMESTER OCTOBER 30TH BY 5:00 PM MST

If a deadline falls on a Saturday, the deadline will be the Friday BEFORE the actual deadline date.

If a deadline falls on a Sunday, the deadline will be on Monday, the NEXT business day.

START DATES MUST BE APPROXIMATELY 60 DAYS AFTER SPECIFIED DEADLINE DATE.
SHOULD YOU BEGIN YOUR PROGRAM WITHOUT FINAL APPROVAL FROM TRIBAL COUNCIL, YOU WILL BE HELD RESPONSIBLE FOR ANY CHARGES INCURRED.

GENERAL ELIGIBILITY:

1. Be an enrolled member of the Colorado River Indian Tribes
2. Be a high school graduate with a 2.25 cumulative grade point average (GPA) or earned a GED certificate with a 45% composite score.
3. Be admitted and enrolled at an accredited Vocational Training Facility
4. Apply for all available funding sources at ***www.fafsa.edgov***
5. Be pursuing a Certificate, Diploma, or Associates of Applied Science Degree

APPLICANT INSTRUCTIONS:

"# ON CHECKOFF LIST" REFERS TO THE ADULT VOCATIONAL TRAINING APPLICATION CHECKOFF LIST, A SEPARATE DOCUMENT IN THE APPLICATION PACKET.

- A. Complete, sign & date, and submit application in its entirety, submitting accompanying documentation as specified on the checkoff list. **This must be done every academic year. Applications/documents do not "rollover"**
- B. Applicants are required to complete intakes for academic and finance evaluations; All applicants will be scheduled intake appointments; All intake evaluations are scheduled via Zoom video call, phone call, or in person. Call/email for appointment will be made by CDO.
- C. Obtain a physical (medical) exam. Exam must be within three months of application. #10 on checkoff list
- D. Obtain a complete immunization record, updating all immunizations/shots as needed. #11 on checkoff list
- E. Request High School Transcript or GED scores for COO; A transcript bearing a raised seal and/or printed on tamper-proof security paper from the institution will be verified as official; **SNAPSHOTS. SCREENSHOTS WILL NOT BE ACCEPTED.** Mail Official Transcripts to CRIT CDO 26600 Mohave Road Parker, AZ 85344 OR E-SCRIPT TO careerdevelopment@crit-nsn.gov #12 on checkoff list
- F. Submit an acceptance letter from an accredited Institution; Class schedule, billing letter, or signed contract will not suffice. #1 on checkoff list
- G. *****VERY IMPORTANT -ANY QUESTIONS PLEASE ASK*****

Submit a copy of the FAFSA Submission Summary. Fill out a "Free Application for Federal Student Aid" (FAFSA). You can find the application for free federal aid at www.fafsa.ed.gov. After submitting FAFSA, you will receive the Submission Summary in approximately 10 days via email. In some instances, your institution's Financial Aid Office (FAO) will require a copy of your (parents) 1040 tax forms for verification. This will be indicated by (asterisk) by your Student Aid Index (SAI). Verifications/Reviews may impact your FANA and your overall application. If selected for verification, you will need to contact your institution's FAO.

#14 on checkoff list

****CDO is available to assist in filing your FAFSA; Set appointments with CDO Financial Coordinator. NOTE All students under the age of 24, who are not married or have children will need to file with your parent(s) or guardian(s) W-2s...**

- H. Submit Financial Aid Needs Analysis (FANA) form located in application packet to your institution's Financial Aid Office (FAO). **NOTE:** Processes can take up to six weeks; It is recommended to submit form early to avoid deadline issues. Applicant is responsible for contacting and communicating to FAO to decline all student loans & have all necessary fees included on form, request *in writing* childcare assistance to CDO. Inquire with your FAO for clarification of additional coverages, lab fees, board exams, certifications, special equipment, etc. #8 on checkoff list
- I. Submit copy of Certificate of Indian Blood (CIB) or Tribal ID card issued by CRIT Enrollment Office or BIA Preference Form; CRIT Enrollment Office can be reached at (928) 669-1240 #15 on checkoff list
- J. Submit a Certificate/Degree Program Outline (listing of all courses needed to complete your program) and Class Schedule showing credit hours/block hours (for the upcoming/current semester/term/phase) #s 16 & 17 on checkoff list
- K. Applicants must fulfill requirements for continued monthly funding by attendance rate of 75% or higher with a Grade Point Average (GPA) of 2.50 and submit Monthly Progress Reports (MPR) by the 15th of the following month.
- L. Direct questions to the C.R.I.T. CDO; C.R.I.T. Education Board; and C.R.I.T. Tribal Council, can be accessible on the C.R.I.T. website: www.crit-nsn.gov

No applications will be processed until ALL documents have been received by CDO. Missing documentation will deem your application incomplete.

It is the student's responsibility to make inquiry regarding application to verify all documents have been received.

Completed applications are forwarded to the Education Board for recommendation of approval/denial. Then forwarded to Tribal Council for their final action of approval/denial. This process takes approximately 4-6 weeks AFTER deadline date.

NOTE: SHOULD YOU BEGIN YOUR PROGRAM WITHOUT FINAL APPROVAL FROM TRIBAL COUNCIL, YOU WILL BE HELD RESPONSIBLE FOR ANY CHARGES INCURRED.

All documents can be mailed to:

***Career Development
26600 Mohave Road
Parke Arizona 85344***

***Or dropped off to:
Career Development
1120 W. 16th St
Parker, AZ 85344***

Email: careerdevelopment@crit-nsn.gov

Website: <https://crit-nsn.gov/critcareerdev/>

Fax: (928) 669-5570

Office: (928) 669-5548

Thank You, CDO STAFF

CDO ADULT VOCATIONAL TRAINING APPLICATION CHECKOFF LIST

IT IS THE RESPONSIBILITY OF THE APPLICANT TO ENSURE ALL PAPERWORK HAS BEEN RECEIVED BY THE CRIT CAREER DEVELOPMENT OFFICE BY THE DEADLINE DATE & TIME

Phone: (928) 669-5548

Fax: (928) 669-5570

Email: careerdevelopment@crit-nsn.gov

Applicant: _____

Type of Training: _____

Institution: _____

Housing Plan: ☐ On Campus ☐ Off Campus

☐ Other: _____

Last four of SSN: _____

Start Date: _____

End Date: _____

DEADLINE: ☐ JUNE 30TH ☐ OCTOBER 30TH

***SCREENSHOTS/SNAPSHOTS/FAXES WILL
NOT BE ACCEPTED***

____ 1&2) CDO AVT Application

____ 3) CDO Student Agreement

____ 4) CDO Repayment Policy

____ 5) CDO FERPA

____ 6) CDO Authorization of Information

____ 7) CDO Student Responsibility

____ 8) Financial Aid Needs Analysis (FANA)

- Must be submitted by applicant to Financial Aid Office to be filled out by the Financial Aid Office(r)

____ 9) School FERPA

____ 10) Physical Examination

- Must be current & within three months of application

____ 11) Immunization Record

- Must be current and most updated history

____ 12) Official Transcript(s) (OT)

- Must bear a raised seal or printed on tamper-proof security paper from school/institution and received in sealed envelope directly from school/institution/E-Script

____ 13) Acceptance Letter (AL)

- Acceptance date must coincide with application deadline. A signed contract is not an AL

____ 14) FAFSA Submission Summary

- You may be selected for verification which is identified by an asterisk (*) on first page of report. If selected, you will need to contact your Financial Aid Office

____ 15) Certificate of Indian Blood (CIB)

- Submit only once with first application

____ 16) Certificate/Degree Program Outline

- Listing/Schedule for duration of program
As identified by the Institute

____ 17) Class Schedule (CS)

- Listing dates and times

____ 18) CDO Student Intakes

- CDO will call to schedule your intake appointment

____ Financial

____ Academic

***All Documents MUST be completed,
signed & dated***

Notice: As a courtesy if you are leaving your area where IHS services are provided/utilized, please contact your local IHS Purchased Referred Care (PRC) for coverage options while away at school



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CDO ADULT VOCATIONAL TRAINING PROGRAM APPLICATION

Please fill out the application in its entirety, COO cannot process any applications with missing information. Then return it - along with the accompanying documentation as specified on the checkoff list.

PERSONAL AND FAMILY INFORMATION

Name:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	SSN:
DOB:	Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	Enrolled CRIT Member? <input type="checkbox"/> Yes <input type="checkbox"/> No
Currently Employed? <input type="checkbox"/> No <input type="checkbox"/> Temporary <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time		
Marital Status & Spouse:		No. of Children:
Mother's Name & Tribal Affiliation:		
Father's Name & Tribal Affiliation:		

CONTACT INFORMATION

Phone:	Email:
Permanent Home Address:	
Mailing Address:	

EDUCATION INFORMATION

Highest Grade Completed:	School(s) Attended:
Vocational Program:	
Do You Have Any Physical Limitations That Would Interfere with Your Training? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, Explain:	
Have You Had Previous Training? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, List:	

TRAINING INFORMATION

School & Address:	
Phone:	Admissions Representative:
Student ID:	Student Email REQUIRED :

***ONCE APPROVED, ALL CORRESPONDANCE IS DONE THROUGH STUDENT E-MAIL (EDU EMAIL ONLY) ***

STATEMENT OF CERTIFICATION AND CONSENT TO RELEASE INFORMATION

I hereby certify that the above information is true and correct to the best of my knowledge & consent to the release of this information to necessary agencies to complete my financial aid package. I further understand that falsifying any information on this application will deem me ineligible for funding. I declare that I will use any funds received under the Higher Education Program solely for expenses connected with attendance at college/university. The C.R.I.T. Career Development Office Adult Vocational Program operates under the general authority of the Family Educational Rights and Privacy Act (FERPA) of 1974. The applicant should understand that the intent of collecting & maintaining this data on individuals is to determine eligibility of the applicant to receive funding as required under Federal & Tribal regulations, and to provide the means for producing certain statistical records required for this office to support the need of Congress to appropriate such funds.

Applicant Signature: _____

Date: _____

AS THE APPLICANT I UNDERSTAND:

- My application will not be processed until all appropriate documentation as specified on the checkoff list are filled out in their entirety and returned to **CDO PRIOR TO THE DEADLINE DATE.**
Initial _____
- It is my responsibility to make inquiries regarding my application to verify all required documents have been received by **CDO PRIOR TO THE DEADLINE DATE.**
Initial _____
- Any missing documentation will deem my application incomplete.
Initial _____
- Completed applications are forwarded to the Education Board for Education Board's recommendation of approval/denial. Then forwarded to Tribal Council for their final action of approval/denial. This process takes approximately 4-6 six weeks AFTER the deadline date.
Initial _____
- **Start dates must be at least 60 days after deadline, giving sufficient time for deadline processes.**
Initial _____
- Starting a program without final approval from Tribal Council deems me responsible for any financial charges incurred (prior to final approval/denial by Tribal Council).
Initial _____
- It is my responsibility to communicate any changes during my funding cycle(s) and to reply to correspondence from CDO, and keep scheduled appointments with CDO.
Initial _____

Applicant Signature: _____

Date: _____



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CDO/STUDENT AGREEMENT

This agreement is for the Academic Year 25-26 school year. The student is making application, by and between the C.R.I.T. Career Development Office here in after called CDO, and the student applicant hereinafter called the APPLICANT/RECIPIENT.

Applicant/Recipient:

- 1) The RECIPIENT shall abide by and comply with the policies of the Colorado River Indian Tribes and the eligibility requirements of CDO. Furthermore, the RECIPIENT and/or APPLICANT shall be responsible for reading and understanding his/her rights and responsibilities regarding financial assistance and/or scholarship including the responsibility to be informed of policies herein.
- 2) The RECIPIENT shall sign the application for scholarship and financial assistance and comply with the stated terms, conditions, and standards to receive the scholarship and/or financial assistance.
- 3) The RECIPIENT shall release their **Official Academic Transcript** information indicating the most recent academic term grade, graduation date, academic major, and type of degree being pursued.
- 4) The RECIPIENT shall immediately report any change in academic enrollment status, withdrawal, and transfer status to CDO.
- 5) The RECIPIENT shall adhere to attendance guidelines of specified programs and maintain eligibility GPA or be subject to academic action which can impact overall funding/eligibility.
- 6) **The RECIPIENT shall notify the CDO of their graduation date and certificate/degree to be conferred.**

CRIT CDO:

- 1) The CDO shall place an APPLICANT and/or RECIPIENT on probation/suspension as outlined in the Colorado River Indian Tribes/CDO Policy and Procedures.
- 2) The CDO shall disqualify any APPLICANT from receiving financial assistance if they do not meet the requirements as outlined in the Colorado River Indian Tribes/ CDO Policy and Procedures.

By signing this agreement, I shall accept and abide by the conditions stipulated in the terms above and will be bound by the responsibilities and consequences thereof and give permission to CDO to receive my transcripts and financial information.

Applicant Signature: _____

Date: _____



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CDO REPAYMENT POLICY

TO BE INITIALED BY APPLICANT:

I hereby apply to attend the school indicated on this application and agree to follow all rules, regulations, and attendance requirements of the school, and will, to the best of my ability, complete the courses that I have selected. _____

Further agree that the funds issued to me for educational purposes from the Colorado River Indian Tribes, will be used or repayment will be made back to the Colorado River Indian Tribes - Career Development Office. _____

I understand that if I am eligible for other funds, such as Supplemental Educational Opportunity Grants (SEOG), Pell Grants, etc., this will be included when computing my financial aid packet, and I agree to use those funds for the purpose intended. I authorize the school to release grades, attendance, and income verification to the Colorado River Indian Tribes (C.R.I.T.) Career Development Office (CDO). I also understand that I am responsible for following all the rules and regulations regarding **THE HE/AVT Program**.

LOANS

I also understand that accepting any student loan is discouraged. If I do accept a loan, my HE/AVT award will be reduced by the amount of my loan and returned to the Tribes. I am aware that if I have accepted a loan, I will be held responsible for full payment. I cannot hold the Colorado River Indian Tribes responsible for any payments. _____

****COLORADO RIVER INDIAN TRIBES ARE NOT RESPONSIBLE FOR YOUR LOANS****

I hereby acknowledge consent and have provided the required information and authorize the use of such information to the extent of the use specified.

Applicant Signature: _____

Date: _____



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CDO FERPA

Consent to Release Student Information

The Family Educational Rights and Privacy Act (FERPA) of 1974 is a federal law designed to protect the privacy of aspects of a student's educational record that are not considered 'directory' information. Educational records are considered confidential and will not be released without written consent from the student, except to the extent that FERPA authorizes disclosure without consent. For this reason, it is necessary for the C.R.I.T. Career Development Office to obtain **WRITTEN** permission *from* a student in order to release academic/financial information not excluded by FERPA laws.

In accordance with the Family Educational Rights and Privacy Act (FERPA) of 1974. The undersigned authorize the release of any academic information to the person(s) listed below. This includes, but is not limited to class schedule, name of instructors, grades, courses and financial aid. I have selected for the upcoming semester. The Colorado River Indian Tribes Career Development Office must still abide by the Family Educational Rights and Privacy Act (FERPA) of 1974 as to all other requests for student information.

This form will expire on the last day of the current academic year. Annual renewal is required to release academic/financials information to the person(s) specified below.

NAME: Colorado River Indian Tribes Career Development Office (CRIT CDO)
26600 Mohave Road
Parker. AZ 85344
P: (928) 669-5548 F: (928) 669-5570 E: CareerDevelopment@crit-nsn.gov

I certify that I have read and understand the Consent for Student Release of Information form.

Student Signature

Student ID Number

Date

RETURN THIS FORM TO THE C.R.I.T. CAREER DEVELOPMENT OFFICE. RETAIN A COPY FOR YOUR RECORDS. **THIS FORM IS NOT A SCHOOL FERPA.**



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CDO AUTHORIZATION OF INFORMATION RELEASE

NAME OF STUDENT

DATE OF BIRTH

SSN

I hereby authorize

NAME OF ACADEMIC INSTITUTION

ADDRESS INCLUDING CITY, STATE, & ZIP CODE

to release transcripts and any other information concerning the above-named student to:

COLORADO RIVER INDIAN TRIBES (C.R.I.T.)

CAREER DEVELOPMENT OFFICE (CDO)

26600 MOHAVE ROAD

PARKER, AZ 85344

SIGNATURE OF PARENT/GUARDIAN OR STUDENT (OVER 18 YEARS OF AGE)

DATE

STUDENT MAILING ADDRESS

ADDRESS

CITY, STATE, ZIPCODE

ANY FEE(S) FOR TRANSCRIPT(S) IS THE STUDENT'S RESPONSIBILITY



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STUDENT RESPONSIBILITIES

2025-2026 ACADEMIC YEAR

All recipients must observe and maintain the following responsibilities to remain in Good Standing with the (HE) Higher Education/(AVT) Adult Vocational Training Program. If you neglect any of the following, your award may be jeopardized and/or discontinued.

RESPONSIBILITIES:

- Submit an Official Transcript at the END of EACH quarter/semester/module or phase. A RECEIPT for ordered Transcripts and current class schedule are required to release subsequent checks for each quarter/semester/module or phase.
- Notify the CDO Office of intent to transfer to another institution or of any withdrawals prior to start of classes of awarded term.
- Submit a Degree Audit/Transfer Audit/Educational Plan along with your CURRENT class schedule
- Reapply each Academic Year by June 30th Fall/Winter/Spring terms OR October 30th for the Spring (ONLY) term
- UNDERGRADUATE STUDENTS: must maintain the minimum requirements of a 2.50 Cumulative Grade Point Average (GPA) AND maintain twelve (12) credits or more each quarter/semester/module/phase
- GRADUATE STUDENTS: must maintain a 3.00 Cumulative Grade Point Average (GPA) AND be deemed a Full-time student, with nine credit hours or more, or in accordance with the school guidelines for fulltime statuses.
- Report ALL Financial Aid changes of your Financial Aid budgets/packages to CDO for revision of awards or consideration of revised Financial Awards
- Verify your student account has a ZERO balance; make sure all charges are paid on school account before spending Early Award check received, you may have school payments that need to be paid before spending on incidental items.
- Check with your school's Financial Aid Office for ANY disbursements you may receive. CDO does not have any control of when disbursements are posted to your student account once checks are released to the school. Check with your Financial Aid Office if you have any questions

PROBATION & SUSPENSION:

If a student does not comply with the provisions, the actions of the CRIT Education Committee are as follows:

- Student will be placed on Academic Probation, if the student does not meet the minimum requirements for one quarter/semester/modular phase. If substantial progress is not made during the next semester/quarter, the students' funding may be suspended.
- Once the student funding is suspended, the student will not be considered for future funding until the student, through other funding sources, meets the Academic (GPA) and/or Credit requirements.

DISCONTINUANCE OF AWARD

The CDO Office may discontinue an award if the student:

- Fails to comply with the provisions
- Fails to disclose information that substantially affects his/her financial situation
- Fails to disclose academic status changes
- Transfers to another institution without proper approval

By signing this agreement, I shall accept and abide by the conditions stipulated in the terms above and will be bound by the responsibilities and consequences thereof to comply and maintain my eligibility requirements with the Colorado River Indian Tribes/CDO Higher Education/Adult Vocational Training Program.

SIGNATURE

DATE



COLORADO RIVER INDIAN TRIBES

Career Development Office

26600 MOHAVE ROAD PARKER.

ARIZONA 85344

(928) 669-5548 • Fax (928) 669-5570

CDO FINANCIAL AID NEEDS ANALYSIS (FANA)

THIS FORM IS TO BE COMPLETED BY FINANCIAL AID OFFICER (Institute)

PLEASE RETURN VIA FAX OR EMAIL BY SPECIFIED DEADLINE DATE

FAX: (928) 669-5570

EMAIL: careerdevelopment@crit-nsn.gov

☐ FALL WINTER/SPRING: JUNE 30 BY 5:00 PM MST ☐ WINTER/SPRING: OCTOBER 30 BY 5:00 PM MST

Student Name: _____

Student ID/SSN: _____

Student Major/Program: _____

Academic Year: _____

Student Academic Level: ☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior ☐ Graduate

Student Housing Plan: ☐ On Campus ☐ Off Campus ☐ Other: _____

DO NOT COMPLETE FORM UNTIL STUDENT'S FINANCIAL AID FILE IS COMPLETE. ALL STUDENTS ARE REQUIRED TO FILE A "FREE APPLICATION FOR FEDERAL STUDENT AID" (FAFSA) EACH ACADEMIC YEAR. ESTIMATES WILL NOT BE ACCEPTED.

COMPLETE ENTIRE FORM - DO NOT LEAVE ANY BLANK AREAS
IF YOU HAVE ANY QUESTIONS. PLEASE CONTACT CDO IMMEDIATELY

SCHOOL EXPENSES:

Tuition (No. of Credit Hrs. & Credit Hr. Cost or Block Fee Cost)

Books/Supplies

Room & Board. Meal Plan

Transportation

Personal

Child Care

Other Fees/Miscellaneous

TOTAL EXPENSES

FEDERAL AID:

Pell Grant

SEOG

SSIG

ACG (Academic Competitiveness Grant)

TOTAL FEDERAL AID

RESOURCES:

Parent Contribution

Student Contribution

Veteran's Benefits

Scholarship

Tuition Grant

Loans

*STUDENT LOANS WILL BE DEDUCTED FROM
TRIBAL AWARDS AND ARE THE RESPONSIBILITY
OF THE STUDENT*

Other

TOTAL RESOURCES

☐ Student suspended from campus-based aid for failure to maintain satisfactory progress.

☐ Student in default or owes on Title V funds.

TOTAL UNMET NEED

Indicate dates for recommended award - fill out term (cycles, semesters, quarters, blocks- Fall, Winter, Spring, Summer) dates AND amounts

Term & Dates:

\$

Term & Dates:

\$

Term & Dates:

\$

Term & Dates:

Financial Aid Officer Name:

Signature:

Date:

Phone:

Fax:

Email:

School Name:

Address to Send Payment to:

ANNUAL PHYSICAL EXAMINATION FORM

or Form Used by Physician

Part One: TO BE COMPLETED PRIOR TO MEDICAL APPOINTMENT

NAME: _____

DATE OF EXAM: _____

ADDRESS: _____

DATE OF BIRTH: _____

SEX: ☐ MALE ☐ FEMALE

DIAGNOSES/SIGNIFICANT HEALTH CONDITIONS

CURRENT MEDICATIONS (Attach a second page if needed)

Medication Name	Dose	Frequency	Diagnosis	Prescribing Physician Specialty	Date Prescribed

ALLERGIES/SENSITIVITIES: _____

CONTRAINDICATED MEDICATION: _____

Part Two: GENERAL PHYSICAL EXAMINATION

Blood Pressure: ___ / ___
Temp: ___

Pulse: ___
Height: ___

Respirations: ___
Weight: ___

EVALUATION OF SYSTEMS

System Name:	Normal Findings:	Comments/Description
Eyes	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Ears	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Nose	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Mouth/Throat	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Head/Face/Neck	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Breasts	<input type="checkbox"/> Yes <input type="checkbox"/> No	

ANNUAL PHYSICAL EXAMINATION FORM

or Form Used by Physician

System Name:	Normal Findings:	Comments/Description	
Lungs	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Cardiovascular	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Extremities	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Abdomen	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Gastrointestinal	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Endocrine	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Musculoskeletal	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Integumentary	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Renal/Urinary	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Reproductive	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Lymphatic	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Nervous System	<input type="checkbox"/> Yes <input type="checkbox"/> No		
VISION SCREENING	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is further evaluation recommended by Specialist?	<input type="checkbox"/> Yes <input type="checkbox"/> No
HEARING SCREENING	Yes No		Yes No

Lifetime medical history summary reviewed? ☐ Yes ☐ No

Medication added, changed, or deleted (from this appointment): _____

Special medication considerations or side effects: _____

Recommendations for health maintenance (including need for lab work at regular intervals, exercise, hygiene, weight control, ect.

Recommended diet and special instructions: _____

Information pertinent to diagnosis and treatment in case of emergency: _____

Free of communicable diseases? ☐ Yes ☐ No (If no, list specific precautions to prevent the spread to others)

Limitations or restrictions for activities (including work day, lifting, standing, and bending) ☐ No ☐ Yes {Specify):

Change in health status from previous year? ☐ No ☐ Yes (Specify):

Specialty consults recommended? ☐ No ☐ Yes {Specify): _____

Seizure Disorder present? ☐ No ☐ Yes {Specify type): _____

Date of last seizure: _____

This individual is recommended for unrestricted physical duty as may be required during training.

☐ Yes ☐ No

Name of Physician {please print)

Physician's Signature

Physician Address

Physician Phone Number

Date