



Medical Clearance Form

Please place this form in a separate sealed envelope, marked with your name and "Medical Clearance Form." Submit to JVC with all other application materials. This form will not be reviewed for applicants to the Domestic Program of JVC until after Initial Acceptance into JVC has been offered.

Submit all materials to: JVC Application Review Committee, 801 St. Paul St. Baltimore, MD. 21202-2345

Check the program to which you are submitting your application:

Domestic

International

To The Physician

We prefer that this form is completed by a physician or physician assistant who has been involved with the applicant's ongoing, comprehensive care. The physician should not be the applicant's parent. When not possible, the form may be completed at a campus health center or by a physician/physician assistant with whom you do not have an ongoing history. Those accepted for an international placement may need a medical form completed and dated after January 1. This form will be used to assess that the applicant is fit for service placement, and to ensure they are placed where appropriate resources are available. Information disclosed in this form will be kept confidential. **Type or print clearly.**

Applicant Information

Applicant Name

Date of Exam

Length of Time Applicant Has Been Your Patient

General Information

Significant Medical History

Past Hospitalizations (include surgeries)

Diagnosis/treatment of Alcohol Addiction? Yes No

Diagnosis/treatment of Drug Addiction? Yes No

If YES to Either Question, Please Explain:

Family History (Significant Medical/Psychiatric):

Medications (Including OTC) and Reasons for Prescribing:

Significant Present Medical Issues:

Allergies, Dietary Restrictions:

