

TCU TRANSFER CHECK OFF SHEET

Student _____ Student ID No. _____

Sending Center _____ Receiving Center _____ Date Sent _____

PLEASE SEND ALL INFORMATION TO THE TCU LOS ANGELES JOB CORPS TRAINING PROGRAM AT ONE TIME BY OVERNIGHT MAIL.

The following information is required by the Los Angeles Job Corps Center prior to a student's transfer to TCU:

1. Medical folder – in a separate, sealed envelope that will be reviewed only by the Health Services Department on Center. This should include:

- All chronological records of medical care (nursing notes)
- Any/all record of current physical exam SF88 and current immunization records
- HIV test on admission
- RPR and PPD within last year
- Hematocrit/Hemoglobin result within last year
- All TEAP (AODA) notes and drug screen results
- Mental health service report, if any, or notation that no mental health concern identified during current enrollment
- Dental Exam – must be a priority 3 or 4
- If there are any significant or chronic medical problems, please send a progress note (SF600) or any information about it

2. Other information needed – not sealed:

- Current Student Profile (ETA 6-40) updated with leave, accountability, incidents, ESPs, and pay levels
- Data Sheet (ETA 6-52)
- Copy of GED or High School diploma, awards and certificates
- Separation Advance Report
- Copy of last two ESPs
- Copy of Social Skills TAR
- _____

All of the above student material needs to be sent by overnight mail in one package to Ms. Linda Brandon, Director of Student Services, Los Angeles Job Corps Center, 1031 South Hill, Los Angeles, CA 90015, Attention: Ms. Belynda Daniels, Support Coordinator

If **ALL** of the information is not received by the Los Angeles Job Corps Center, the student's acceptance into the Los Angeles Job Corps Center and TCU will be delayed.

I certify that all of the above documents are enclosed:

Sending Center Staff Member

Date

Phone Number _____

TRANSFER CRITERIA FOR MEDICAL APPROVAL

* SENDING CENTER MUST PROVIDE ALL NECESSARY DOCUMENTATION OF THE FOLLOWING:

DENTAL EXAM (ONE MONTH PRIOR TO TRANSFER)	DATE/S	
- CLASS III OR BETTER		
- <u>ALL</u> WORK & CLEANING COMPLETED		
- <u>WISDOM TEETH STATUS</u> ADDRESSED		

PHYSICAL EXAM (ONE MONTH PRIOR TO TRANSFER)		
- ALL ACUTE & CHRONIC ISSUES ADDRESSED		
- ALL MEDICATIONS LISTED		
- PPD WITHIN 3 MONTHS OF TRANSFER OR INH TX INITIATED		
- BP BELOW 140 / 90		
- ENTRY HIV RESULTS		
- <u>ALL</u> SIGNIFICANT LABS ADDRESSED WITH F/U		
- HEALTH QUESTIONNAIRE WITH "YES" ADDRESSED		
- EXCESSIVE CLASS ABSENCES FOR HEALTH		
FEMALES: PAP SMEAR RESULT UP TO DATE		
PREGNANCY TEST (WITHIN LAST 30 DAYS)		
BIRTH CONTROL Rx X 3 MOS.		

VISION EXAM > 20/40		
- GLASSES ISSUED		
- OPTOMETRY REFERRAL		

IMMUNIZATIONS	UP TO DATE FOR AGE & DOCUMENTED		
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MENTAL HEALTH	ASSESSMENT ONE MONTH PRIOR TO TRANSFER		
	- PSYCHIATRIC MEDICATIONS		
	- TEAP HISTORY & RESULTS OF DRUG TESTS		
	- <u>ALL</u> MENTAL HEALTH NOTES		

DISABILITY	ACCOMMODATION PLAN & I.P.P. (IF APPLICABLE)		
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** TO AVOID DELAY PLEASE BE SURE ALL DOCUMENTS ARE DATED & IN COMPLIANCE & PHOTOCOPIES ARE COMPLETE.

STUDENT: _____ ID#: _____ DOB: _____

CENTER: _____ PHONE: _____ CONTACT: _____