

TCU/IAM TRANSFER CHECK OFF SHEET-- LOS ANGELES JCC

Student _____ Student ID No. _____

Sending Center _____ Receiving Center _____ Date Sent _____

PLEASE SEND ALL INFORMATION TO THE TCU/IAM 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/IAM Advanced Training:

1. 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
- Copy of completed Vocational TAR including Foundation TAR with all lines signed
- Recommendation letter from an instructor, a counselor or the Center Director
- Case Notes
- Student Profile Conduct Report

2. Medical Summary Checklist

All of the above student material needs to be sent by overnight mail in one package to:
Constanza Rincon, Records / Intake Manager, Los Angeles Job Corps Center, 1031 South Hill, Los Angeles, CA 90015.

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/IAM will be delayed.

PLEASE MARK THE PACKAGE "PERSONAL AND CONFIDENTIAL."

(Please do not issue any clothing allowance as it will be used and issued to get uniforms at the Los Angeles Job Corps Center)

I certify that all of the above documents are enclosed:

Sending Center Staff Member Date

Phone Number _____

STUDENT TRANSFER MEDICAL SUMMARY CHECKLIST

Complete summary and forward to the receiving center in a sealed envelope marked “confidential” along with this application packet.

Trainee Name: _____ DOB: _____ Age: _____ CIS ID#: _____

Date of Entry: _____ Transferring Center: _____

Date of Transfer: _____ Receiving Center: _____

Insurance: _____

Allergies: _____

Medication and Dosage: _____

Chronic Illness (es): _____

Upcoming appointments (if applicable): _____

MEDICAL

Date of last Physical Exam: _____

Height: _____ Weight: _____ BMI: _____

Vision Exam: _____ **Contacts** **Glasses** Color deficit: **Yes**
 No

Hearing Exam: _____

Cleared for Full Program/Sports: **Yes** **No** Date Cleared: _____

Activity Restrictions: _____

Date of Last Td or Tdap: _____

Date of Last PPD: _____ **Positive** **Negative** Last CXR: _____

TB Treatment Received/completed: _____

Medical Summary: _____

Center Physician Signature: _____ **Date:** _____

Update Immunizations: Done _____

Immunization record faxed to 512-396-6316: Done _____

ORAL HEALTH

Dental Priority Classification: **Priority 3** **Priority 4**

Last dental appointment within 1 month before transfer date: _____

Orthodontics: **Yes** **No** If yes, date of last orthodontic visit: _____

Address and telephone number of orthodontic office after student transfers: _____

Dental Summary, including treatment needs: _____

Center Dentist Signature: _____ **Date:** _____

TEAP

