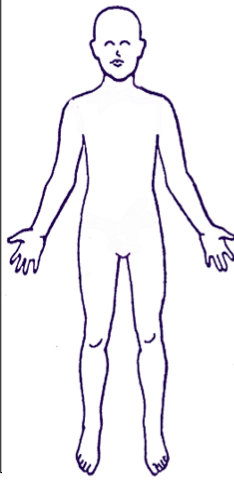
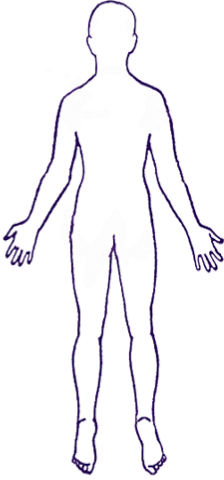




# Comprehensive Physical Assessment

Name of Youth: \_\_\_\_\_ DJJID#: \_\_\_\_\_

DJJ Facility Name: \_\_\_\_\_ DJJ Facility Address: \_\_\_\_\_

Date of Exam:	Age:	Height:	Weight:	BMI:	Allergies:
LMP:	Pulse:	Resp:	BP:	Temp:	
O = normal X = abnormal		Visual Acuity: no glasses R 20/____ L 20/____ both eyes 20/____ with glasses R 20/____ L 20/____ both eyes 20/____ <input type="checkbox"/> Contact lenses			
1. Appearance	<p>COMMENTS: Note only by Reference Number</p> <div style="display: flex; justify-content: space-around; align-items: center;">   </div> <p style="display: flex; justify-content: space-around; margin-top: 10px;"> <span>FRONT</span> <span>BACK</span> </p> <p style="margin-top: 20px;">PPD/TST Youth Refused: If refused CXR Results + - (circle)</p> <p>Date Placed: _____</p> <p>Placed By: _____</p> <p>Date Read: _____</p> <p>Read By: _____</p> <p>Results: _____ mm</p>				
2. Alertness					
3. Mental status					
4. Skin/palms/soles					
5. Scalp/head					
6. EENT					
7. Auditory Acuity (R & L)					
8. Mouth/teeth/gums					
9. Neck/thyroid					
10. Breast/Axilla					
11. Cardiovascular					
12. Lungs					
13. Abdomen					
14. Back/CVA tenderness					
15. Extremities/Varicosities					
16. Musculo-skeletal					
17. Neurological/Reflexes					
18. Lymph nodes C/A/I					
FEMALE					
19. External genitalia					
20. Vagina/adnexa					
21. Uterus/Cervix					
MALE					
22. Penis					
23. Scrotum/testes					
24. Other exam if clinically indicated					

Assessment/Diagnosis:

Plan of Care/Follow up frequency:

I have Reviewed this Youth's Health-Related History

Physical/Activity Restrictions: No Yes  
If Yes, describe:

Signature/Credentials  
of Practitioner Completing Form

Printed Name

Medical Classification:  
1 2 3 4 5



## MEDICAL GRADE CLASSIFICATION SYSTEM

MEDICAL GRADE	MEDICAL NEED	CHARACTERISTICS
<b>1</b>	<b>LOW</b> (ALL CHARACTERISTICS MUST BE PRESENT FOR THIS MEDICAL GRADE)	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Youth has no identified chronic health conditions; And</li> <li><input checked="" type="checkbox"/> Youth has no serious, chronic infectious, communicable disease; <input checked="" type="checkbox"/> Youth has no periodic monitoring requirements; And</li> <li><input checked="" type="checkbox"/> Youth is not being treated with prescription medications. (Youth may be prescribed or receiving over-the-counter medications)</li> </ul>
<b>2</b>	<b>MEDIUM</b> (ALL CHARACTERISTICS MUST BE PRESENT FOR THIS MEDICAL GRADE)	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Youth has only one chronic condition, which has not required medical/nursing intervention within the last 12 months (except for routine periodic evaluations at the intervals required by the Department); * And</li> <li><input checked="" type="checkbox"/> Youth has no serious, chronic, infectious communicable disease; (Youth may or may not be prescribed oral medications).</li> </ul>
<b>3</b>	<b>HIGH</b> (ANY ONE OF THESE CHARACTERISTICS QUALIFIES A YOUTH FOR THIS MEDICAL GRADE)	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Youth has been diagnosed with two or more chronic conditions (regardless of the actual or expected need for medical/nursing intervention); And/or</li> <li><input checked="" type="checkbox"/> Youth has been diagnosed with a serious chronic, infectious communicable disease; (e.g. Tuberculosis) And/or</li> <li><input checked="" type="checkbox"/> Youth requires nursing/medical intervention and/or evaluation no more frequently than once every 30 days* (Youth may or may not be prescribed oral medications).</li> </ul>
<b>4</b>	<b>HIGH</b> (ANY ONE OF THESE CHARACTERISTICS QUALIFIES A YOUTH FOR THIS MEDICAL GRADE)	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Youth is physically disabled (visual, hearing, mobility); And/or</li> <li><input checked="" type="checkbox"/> Youth is prescribed parenteral medications (medications which are administered by injection, such as insulin); And/or</li> <li><input checked="" type="checkbox"/> Youth requires nursing/medical intervention and/or evaluation at a frequency greater than once every 30 days*; And/or</li> <li><input checked="" type="checkbox"/> Youth is pregnant; or is within six weeks post-birth; And/or</li> <li><input checked="" type="checkbox"/> Youth is receiving anti-tuberculosis medications.</li> </ul>
<b>5</b>	<b>HIGH</b>	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Youth is prescribed any medication for diagnosed mental and/or emotional disorders.</li> </ul>

\* The administration of each dosage of routine prescription medication does not constitute a “required medical/nursing intervention” for purposes of this classification system. The term, “nursing/medical intervention and/or evaluation” refers to ordered encounters between youth and nursing or medical staff (or those reasonably anticipated to be needed, based on the status of the youth) for evaluation (e.g., blood pressure checks, laboratory testing) or treatment (e.g., dressing changes, colostomy care, respiratory treatments), and the like;

Note: If a youth’s status is such that more than one grade is possible (for example, he has stable asthma which has not required any intervention for over 12 months [medical grade of 2] and he is receiving an antidepressant for depression [medical grade of 5], assign the higher grade.