

Valley National Recreation Area, 15610 Vaughn Road, Brecksville, Ohio 44141 or call 216-546-5903.

SUPPLEMENTARY INFORMATION: This notice is being published in accordance with 36 CFR 17.4, July 1, 1992, and June 5, 1996.

Dated: June 26, 1996.

William W. Schenk,

Field Director, Midwest Field Area.

[FR Doc. 96-17681 Filed 7-10-96; 8:45 am]

BILLING CODE 4310-70-P

DEPARTMENT OF LABOR

Employment and Training Administration

Proposed Collection of Job Corps Health Questionnaire Comment Request

ACTION: Notice.

SUMMARY: The Department of Labor, as part of its continuing effort to reduce paperwork and respondent burden conducts a pre-clearance consultation program to provide the general public and Federal agencies with an opportunity to comment on proposed and/or continuing collections of information in accordance with the Paperwork Reduction Act of 1995 (PRA95) [44 U.S.C. 3506(2)(A)]. This program helps to ensure that requested data can be provided in the desired format, reporting burden (time and financial resources) is minimized, collection instruments are clearly understood, and the impact of collection requirements on respondents can be properly assessed. Currently, the Job Corps is soliciting comments concerning the proposed revision of the Health Questionnaire, Form ETA 6-53, a copy of which is attached to this notice.

DATES: Written comments must be submitted to the office listed in the addressee section below on or before September 9, 1996. The Department of Labor is particularly interested in comments which:

- Evaluate whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility;

- Evaluate the accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used;

- Enhance the quality, utility, and clarity of the information to be collection; and

- Minimize the burden of the collection of information on those who are to respond, including through the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, e.g., permitting electronic submission of responses.

ADDRESSEE: Charles R. Hayman, MD, National Medical Director, Job Corps, Room N4507, 200 Constitution Avenue, NW, Washington, DC 20210, 202-219-5556, ext. 122 (this is not a toll-free number), 202-219-5183 (fax).

SUPPLEMENTARY INFORMATION:

I. Background

The Job Corps program is described in its enabling legislation under Public Law 97-300, Job Training Partnership Act. Section 423(4) states the health eligibility criteria and Section 424 of the Act outlines the screening and selection process for entry into Job Corps. The Department of Labor's regulation at 20 CFR 638.400 (K, L, M) further details the recruitment and screening of applicants, with specific guidance regarding health screening.

Young people wishing to enroll in Job Corps must first be screened to determine their suitability for the program. This initial screening of applicants is carried out by screening agencies, including State employment services, contracted to recruit young people for Job Corps. Screening ensures that applicants meet all admissions criteria as defined in *Performance Requirements Handbook (PRH) Chapter 1, Outreach and Screening, July 1995*.

Nonmedical personnel in the screening agencies (admissions counselors) conduct the screening interview and complete all required application forms included in *PRH-1 and its appendices*. From 1980 through 1986, the Job Corps Health Questionnaire (ETA 6-53) was administered during the screening interview only to those applicants whose medical eligibility was in doubt (as determined by positive response to questions 25 a, b, or c on the Job Corps Data Sheet, ETA 6-52).

A survey of Regional Directors for Job Corps and their staffs in 1982 and 1984 affirmed that the limited use of the Health Questionnaire in effect since 1980 had a significant adverse effect on the program. All regions responding recommended use of the Health Questionnaire during the initial screening interview for all applicants. It was noted that given the guidance and structure of the Health Questionnaire, screeners would ask more questions

about applicants' health problems than the four general questions on the Data Sheet, and that responses to these questions would be very likely to uncover health problems (especially mental health problems). In 1987, initial use of the Health Questionnaire for all applicants was reinstituted.

II. Current Actions

The application folders of all applicants for the Job Corps showing questionable medical or behavioral status are transferred to the appropriate Regional Office for review. Regional Office personnel give any records showing potential health problems to the regional nurse consultant.

The nurse consultant reviews the applicant's medical history as contained in the Health Questionnaire. If necessary the consultant supplements' information from the applicant's health care providers to determine whether the individual has health problems that might prevent him or her from benefiting from the Job Corps program or that might unduly tax a center's health care budget.

In Regions II and IV, screening has been delegated to selected staff of each center. Center staff review all applications and make the decision to accept. The Regional Office staff and consultants are called upon for technical assistance as needed and for review and final decision on all applications provisionally rejected by the center.

Persons having significant physical disabilities are accepted into designated centers for the mobility impaired, vision or hearing impaired, or learning disabled. (Applicants with conditions requiring extensive treatment are not accepted).

While most health screening at the Regional level is done by the nurse consultant through review of the applicant's health record, in some instances the nurse will request the assistance of the regional medical, dental or mental health consultant to ensure that the evaluation of the applicant's suitability for Job Corps is correct.

In the case of an applicant with an acceptable health condition requiring special attention, the nurse consultant will advise the Job Corps Regional Director concerning appropriate center placement. For all accepted applicants, the Regional Office sends the Health Questionnaire and all other health information sealed in the student's Health Record Envelope to the center of assignment.

In general, the Regional Directors feel that Job Corps deals with a population

of youth that requires them to be quite specific in the screening process. Applicants are perceived as having great difficulty understanding general questions regarding their health history and status. They also do not routinely volunteer necessary information regarding their health unless asked the more detailed questions included on the Health Questionnaire.

Additionally, Regional Directors feel that many admissions counselors do not have the necessary skills to perform an in-depth health interview without the structure provided by the Health Questionnaire.

Regional Directors cite the following specific benefits of using the Health Questionnaire for all applicants:

- Identifies health problems that may prohibit an applicant from successfully completing a Job Corps program.
- Identifies applicants whose physical or mental health problems may result in harm to themselves or others following enrollment.
- Identifies health problems that Job Corps is not prepared to handle due to lack of health care resources or due to excessive costs.
- Assists in assignment of an applicant with a health problem to a center equipped to provide both health

care and vocational training appropriate to the applicant's needs.

Experience throughout the Job Corps indicates that the Health Questionnaire is an excellent guide in identifying current and potential applicant health problems. Its use results in considerable savings of time, by both regional health consultants and center health staff, and of money, by reducing high medical program costs and early medical terminations.

In addition, ETA uses the Report of Medical Examination, SF 88 and Report of Medical History, SF 93 when medical examinations of the Job Corps enrollees are conducted.

Burden Cost: Total cost to respondent (Job Corps applicant/student) is 0.

Date: June 5, 1996.

Signing Official: Mary H. Silva, National Director, Job Corps.

Description of Revisions to Existing Collection: Job Corps entities (Regional Offices, centers, screening agencies) were asked to comment on the existing questionnaire. Twenty-five responses were received and analyzed. As a result, the proposed revision (attached) has been developed as being easier to administer, and bringing forth more specific information readily usable by regional health consultants and center health staff.

Type of Review: Revision.

Agency: Employment and Training Administration.

Title: Job Corps Health Questionnaire.

OMB Number: 1205-0033.

Agency Number: ETA 6-53.

Record Keeping: Records are maintained for 3 years.

Affected Public: Individual or households, Business or other for-profit, Not for profit institutions, Federal Government, State or Local or Tribal Government.

Total Respondents: 103,000 annually.

Frequency: Once per applicant.

Total Responses: 1.

Average Time Per Response: 12 minutes.

Estimated Total Burden Hours: 20,600.

Total Burden Cost: \$6,500.

Comments submitted in response to this comment request will be summarized and/or included in the request for Office of Management and Budget approval of the information collection requirements; they will also become a matter of public record.

Dated: July 1, 1996.

Signing Official:

Mary H. Silva,

National Director, Job Corps.

BILLING CODE 4510-30-M

Job Corps Health Questionnaire, ETA 6-53

U.S. Department of Labor
Employment and Training Administration

PURPOSE: To determine Job Corps applicant eligibility and proper placement.					
INSTRUCTIONS: Job Corps centers provide health care; therefore, please answer all of the questions correctly so that the center you go to can provide you with appropriate health services. The collection of this information is authorized by PL 93-203(4). The information is requested on a voluntary basis; however, no applicant may be accepted by Job Corps unless this form is completed and submitted along with a completed application (ETA 6-52).					
1. Name (Last, First, Middle Initial)					
2. Social Security Number _____			3. Sex (M/F)	4. Height	5. Weight
6 General Health Condition (circle one): Excellent Good Fair					
7. a. Are you or your family covered by health insurance? (If YES, obtain copy of health insurance card and attach to this form.)					NO <input type="checkbox"/> YES <input type="checkbox"/>
b. Are you or your family covered by Medicaid? (If YES, obtain copy of Medicaid card and attach to this form.)					NO <input type="checkbox"/> YES <input type="checkbox"/>
A "YES" answer to any item in questions 8 and 9 requires an explanation in question 10 on the reverse of this form.					
8. a. Are you currently under the care of a physician or other health professional?					NO <input type="checkbox"/> YES <input type="checkbox"/>
b. Are you currently taking any prescribed medication?					NO <input type="checkbox"/> YES <input type="checkbox"/>
c. Have you been advised to have any surgical procedure or medical treatment?					NO <input type="checkbox"/> YES <input type="checkbox"/>
d. Have you been hospitalized for a medical or mental health reason within the past 2 years?					NO <input type="checkbox"/> YES <input type="checkbox"/>
e. Have you received counseling or treatment for drug or alcohol use within the past 2 years?					NO <input type="checkbox"/> YES <input type="checkbox"/>
f. Have you ever been refused or discharged from military service for medical or mental health reasons?					NO <input type="checkbox"/> YES <input type="checkbox"/>
g. Do you have a disability that may affect your participation in job training activities?					NO <input type="checkbox"/> YES <input type="checkbox"/>
h. Do you wear a medical device or orthodontic braces?					NO <input type="checkbox"/> YES <input type="checkbox"/>
i. Are you allergic to any drugs, medicines, or foods?					NO <input type="checkbox"/> YES <input type="checkbox"/>
j. Have you ever attempted or thought about attempting suicide?					NO <input type="checkbox"/> YES <input type="checkbox"/>
9. Have you EVER had or do you now have any of the following conditions?					
	No	Yes		No	Yes
a. Anemia (including sickle cell disease)			i. Speech defect (e.g., stuttering)		
b. Asthma			j. Tuberculosis (TB) or positive TB skin test		
c. Blindness or poor eyesight (not correctable by glasses or contact lens)			k. Physical disability (such as limb paralysis)		
d. Deafness or difficulty in hearing			l. Ulcer of stomach or intestines		
e. Serious dental problems			m. Epilepsy, seizures, convulsions		
f. Diabetes (sugar in urine)			n. Other health problem(s)		
g. Heart condition or high blood pressure			o. FEMALES: Are you pregnant? If YES, date of last menstrual period _____		
h. Kidney, bladder or urinary problems			10. SCORING Place an "A" in the box at right if all responses to items in questions 8 and 9 are "NO." If any item is answered "YES," place a "B" in the box at right.		

11. Provide explanation below of any "YES" responses to items in questions 8 and 9. If additional space is needed, attach separate sheet.	
Item	Explanation
<p>I (we) authorize the Job Corps to receive from doctors, clinics, hospitals, or other sources, a complete transcript of my (son's, daughter's, ward's) health records for the purpose of determining his/her eligibility for Job Corps. I (we) authorize release of medical information to staff with a need for that information, and to the local health department when required by law. I (we) authorize an ENTRANCE MEDICAL EXAMINATION which includes blood testing to identify conditions such as anemia, syphilis, and HIV infection; urine testing for conditions such as diabetes, nephritis, pregnancy, and for controlled substance. I (we) understand the reasons for the medical examination and health testing, and have had the opportunity to ask questions. I (we) also authorize immunizations for tetanus, diphtheria, poliomyelitis, measles, mumps, rubella, influenza, and others, if necessary; and a skin test for tuberculosis. I (we) certify that the information that has been provided on this medical form is true and complete to the best of my (our) knowledge. I (we) understand that any false statement or dishonest answers will be grounds for the dismissal for the above-named individual and may be punishable by law.</p>	
Applicant Signature	Date
Parent/Guardian Signature (if applicant is a minor)	Date
Admissions Counselor Signature Comments:	Date
Regional Medical/Mental Health Consultant or Center Health Staff Recommendation Comments:	ACCEPT <input type="checkbox"/> REJECT <input type="checkbox"/>
Signature:	Date
Regional Office Action Comments:	ACCEPT <input type="checkbox"/> REJECT <input type="checkbox"/>
Signature:	Date
<p>Public reporting burden for this collection of information is estimated to average 12 minutes per response, including the time for reviewing instructions, search existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Information Management, Department of Labor, Room N-1301, 200 Constitution Avenue, NW, Washington, DC 20210 and to the Office of Management and Budget, Paperwork Reduction Project (1205-0033), Washington, DC 20503.</p>	

OMB Approval No. 1205-0033
Expiration Date: xx/xx/xx

Job Corps Health Questionnaire, ETA 6-53

1. *Purpose.* To obtain a health history on each applicant to determine health eligibility of the applicant to enter Job Corps.

2. *Originator.* Job Corps admissions counselor.

3. *Frequency.* Once for each student at time of application.

4. *Distribution.* This is a 2-page form. If there are "yes" answers to one or more questions on the form, you must obtain relevant physician/institution reports and forward the applicant's folder, including the ETA 6-53, to the Job Corps Regional Office for review. The center of assignment receives the original ETA 6-53 if the region approves the application. A copy is retained by the Regional Office.

5. *General Instructions.* Information is placed on the form as given by the applicant during the health interview. This information is confidential and must be so maintained by the admissions counselor. The admissions counselor must:

a. Ensure that the health questionnaire is fully understood by the applicant and that all entries are completed and appropriately written or checked.

b. Score the health questionnaire.

c. Obtain additional information or arrange for a new health examination or evaluation for the applicant when requested by the regional health consultant.

6. Detailed Instructions.

Item	Comments
1	Self Explanatory.
2	Self Explanatory.
3	Self Explanatory.
4	Self Explanatory.
5	Accept weight given by applicant; however, raise questions if there is a great difference (25 or more pounds) between given weight and the admission counselor's estimate based on observation. Note large variations under Item 11.
6	Self Explanatory.
7,8	Ask questions as stated and check "NO" or "YES."
	a. Attach copy of insurance or Medicaid card if appropriate.
	b. If possible, obtain the medical diagnosis of the condition rather than the applicant's description of symptoms.
	c. Establish appropriate dates for the onset of the condition and date it ceased, if appropriate.

Item	Comments
	d. Obtain information for each condition. Explain how often the problem occurs (e.g., heart condition—cannot walk up stairs without getting short of breath). Be sure to specify whether the applicant still has the condition.
	e. For question 8i, list all allergies (such as to foods, dust, penicillin) and include what type of allergic response the applicant has (e.g., hives, sneezing, headaches).
	f. Obtain information about all hospital stays even if several were for the same condition. List only dates that applicant was in the hospital. Do not include emergency room visits.
10	The admissions counselor will score the questionnaire as follows: a. If answers to all items in questions 8 and 9 are "NO," score as category "A." b. If there are any "YES" answers, or if the admissions counselor observes peculiarity of behavior, or if the applicant admits pregnancy, score as category "B."
11	Use this section to record: a. Any comments provided by the applicant for questions 8 and 9. If the applicant is not sure whether he/she had one of the conditions mentioned in questions 8 or 9, include whatever information the applicant provides. If the applicant is reluctant to give additional information, the admissions counselor must not pressure the applicant. Indicate in this section that the applicant declined to comment. b. Observations made by the admissions counselor regarding the physical limitations or the emotional state of the applicant. Observe whether the applicant has obvious physical disabilities (e.g., walks with a limp) or peculiarity in behavior (e.g., stares or twitches).

[FR Doc. 96-17276 Filed 7-10-96; 8:45 am]

BILLING CODE 4510-30-M

NATIONAL AERONAUTICS AND SPACE ADMINISTRATION

[Notice (96-072)]

Government-Owned Inventions; Available for Licensing

AGENCY: National Aeronautics and Space Administration.

ACTION: Notice of availability of inventions for licensing.

SUMMARY: The inventions listed below are assigned to the National Aeronautics and Space Administration, have been filed in the United States Patent and

Trademark Office, and are available for licensing.

Copies of patent applications cited are available from the Office of Patent Counsel, Goddard Space Flight Center, Mail Code 204, Greenbelt, MD 20771. Claims are deleted from the patent applications to avoid premature disclosure.

EFFECTIVE DATE: July 11, 1996.

FOR FURTHER INFORMATION CONTACT:

R. Dennis Marchant, Patent Counsel, Goddard Space Flight Center, Mail Code 204, Greenbelt, MD 20771; telephone (301) 286-7351, fax (301) 286-0237.

NASA Case No. GSC-13,546-2: Interface using Video Camera Signals for Laser Triggering Including Background Light Suppression;

NASA Case No. GSC-13,562-2: Absolute Linear Encoding Device;

NASA Case No. GSC-13,614-1: Capaciflector—Guided Mechanisms;

NASA Case No. GSC-13,621-1: Twist Planet Drive;

NASA Case No. GSC-13,552-1: Method for Coding Multiple Source Data Sets;

NASA Case No. GSC-13,612-1: Magnetic Antenna Using Metallic Glass;

NASA Case No. GSC-13,635-1: Method of Manufacture and Apparatus for Collimating the Output of Multiple-Bar Diode Laser Arrays;

NASA Case No. GSC-13,618-1: Frequency Scanning Capaciflector;

NASA Case No. GSC-13,649-1: Small High Torque Reaction Momentum Wheel;

NASA Case No. GSC-13,638-1: Wideband Gain Stable Amplifier;

NASA Case No. GSC-13,644-2: Optical Fiber Cable Chemical Stripping Fixture;

NASA Case No. GSC-13,672-1: System and Method for Creating Expert;

NASA Case No. GSC-13,524-2: Method and Apparatus for Advanced Ultrasonic Imaging;

NASA Case No. GSC-13,329-1: Capillary Pumped Loop Body Warmer;

NASA Case No. GSC-13,674-1: Screw Released Roller Brake;

NASA Case No. GSC-13,692-1: Roll-Unlocking Sprags;

NASA Case No. GSC-13,706-1: Pistol Grip Power Tool;

NASA Case No. GSC-13,635-2: Method of Manufacture and Apparatus for Collimating the Output of Multiple-Bar Diode Laser Arrays;

NASA Case No. GSC-13,701-1: 3-D Capaciflector;

NASA Case No. GSC-13,681-1: Low Cost GPS Receiver.