To the Student Athlete: Please complete your part of the form before going to your physician for the examination. This completed form must be returned to the Athletic Department.

PHYSICAL FORM

DELAWARE TECHNICAL COMMUNITY COLLEGE

Sport: _____

_____ /___/ /___/

Last Name (Print) First Name ID# Sex: Male Female

_____

Home Address (Number & Street) City or Town State Zip Code Date of Birth

_____

Name, Relationship, & Address of Next of Kin Home Telephone Number

_____

Next of Kin's Business Address Business Telephone

Personal History. Please answer **all** questions. Comment on all positive answers in space below or on additional sheet.

Have you had?	Yes	No	Have you had?	Yes	No	Have you had?	Yes	No
Scarlet Fever	___	___	Head injury with unconsciousness	___	___	Back Problems	___	___
Measles	___	___				Tumor/Cancer/Cyst	___	___
German Measles	___	___	Hay Fever/Asthma	___	___	Jaundice	___	___
Mumps	___	___	Tuberculosis	___	___	Stomach/Intestinal Trouble	___	___
Chicken Pox	___	___	Shortness of Breath	___	___			
Malaria	___	___	Allergy:			Gallbladder Trouble or Gallstones	___	___
Gum/Tooth Trouble	___	___	Penicillin	___	___			
Sinusitis	___	___	Sulfonamides	___	___	Recurrent Diarrhea	___	___
Eye Trouble	___	___	Serum	___	___	Rupture, Hernia	___	___
Ear/Nose/Throat Trouble	___	___	Foods (which)	___	___	Recent gain or loss of weight	___	___
			Other	___	___			
Hepatitis	___	___	Pain/Pressure in chest	___	___	Dizziness/Fainting	___	___
Surgery:						Weakness/Paralysis	___	___
Appendectomy	___	___	Chronic Cough	___	___	Venereal Disease	___	___
Tonsillectomy	___	___	Palpitations (Heart)	___	___	Albumin/Sugar in Urine	___	___
Hernia Repair	___	___	High/Low Blood Pressure	___	___			
Other	___	___	Rheumatic Fever or Heart Murmur	___	___	Frequent Urination	___	___
Insomnia	___	___						
Frequent Anxiety	___	___	Disease or Injury of Joints	___	___	Females Only:		
Frequent Depression	___	___				Irregular Periods	___	___
Recurrent Headache	___	___	"Trick" Knee, Shoulder, etc.	___	___	Severe Cramps	___	___
Recurrent Colds	___	___				Excessive Flow	___	___

A. Has your physical activity been restricted during the past five years? Give reasons and durations. ___ ___

B. Have you had difficulty with school, studies, or teachers? (Give details) ___ ___

C. Have you received treatment or counseling for a nervous condition, personality or character disorder or emotional problem? (Give details.) ___ ___

D. Have you had any illness or injury or been hospitalized other than already noted? (Give details) ___ ___

E. Have you consulted or been treated by clinics, physicians, healers, or other practitioners within the past five years? (Other than routine checkups?) ___ ___

F. Have you been rejected for or discharged from military service because of physical, emotional, or other reasons? (If so, give reasons.) ___ ___

_____ _____

Student Athlete's Signature Date Delaware Tech Student Identification #

REPORT OF HEALTH EVALUATION

DELAWARE TECHNICAL COMMUNITY COLLEGE

To the Examining Physician: Please review the attached Health History and complete this physical examination form. Please comment on all positive answers.

_____ /___/ /___/
Last Name First Name Middle Sex: Male Female

BP _____/_____ Height _____ feet _____ inches

Corrected Vision
Right 20/ Left 20/ Weight _____

Are there abnormalities of the following systems? Describe fully. Use additional sheet if needed.

	Yes	No		Yes	No
Head/Ears/Nose/Throat	___	___	Genitourinary	___	___
Respiratory	___	___	Musculoskeletal	___	___
Cardiovascular	___	___	Metabolic/Endocrine	___	___
Gastrointestinal	___	___	Neuropsychiatric	___	___
Hernia	___	___	Skin	___	___
Eyes	___	___	Lymph Nodes	___	___

Is there loss or seriously impaired function of any organ? ___ ___

Have you any general comments? _____
_____

Recommendations for physical activity: ___ Unlimited ___ Limited
Explain: _____
_____

Do you have any recommendations regarding the care of this student? ___ ___
Explain: _____
_____

Is the patient now under treatment for any medical or emotional condition? ___ ___

Physician's Signature: _____ Date:_____

Name & Address (Please Print) _____

_____

Return all information to:
Delaware Technical Community College
Athletic Department

Dover Campus
100 Campus Drive
Dover DE 19904
Office: 302-857-1024
Fax: 302-857-1806

Stanton Campus
400 Stanton-Christiana Road
Newark, DE 19713
Office: (302) 453-3753
Fax: (302) 292-3843

Georgetown Campus
21179 College Drive
Georgetown, DE 19947
Office: 302-259-6065
Fax: 302-259-6779