



Denmark Technical College Health & Physical Examination Form

Term of Enrollment: ___ Fall ___ Spring ___ Summer ___ Year

Complete and Mail to:
 DTC Health Services Office
 P.O. Box 327
 Denmark, SC 29042
 Phone: 803.793.5224
 Fax: 803.793.5290/803.793.5942

PLEASE PRINT

Last Name: _____ First Name: _____ Middle Initial: _____

Date of Birth: ___/___/___ Social Security #: _____/_____/_____

Permanent Address: _____
 P. O. or Street City State Zip Code

Parent/Guardian: _____ Phone: () _____

Emergency Contact Person: _____ Phone: () _____

Address: _____
 P. O. Box or Street City State Zip Code

Type Hospital Insurance: Blue Cross/Blue Shield _____ Medicaid _____ Other _____

Personal and Family Health History: Please answer all questions (comment on all "Yes" answers)

Have you or your family member ever had	Yes	No	Comments
Scarlet Fever			
Measles			
German Measles			
Mumps			
Chicken Pox			
Malaria			
Dental Problems			
Sinusitis/Allergies			
Problems with the Heart			
High Blood Pressure			
Diabetes			
Problems with Lungs/TB			
Impaired Visions			
Impaired Hearing			
Mental or Nervous Disorder			
Migraine Headaches			
Seizure Disorders			
Drug Alcohol/Tobacco usage			
Problems with the Liver/Hepatitis			
Menstrual Problems			
Cancer			
Anemia/Sickle Cell Disease			
Rheumatic Fever/Heart Murmur			
Surgery/Hospital			
Accidents Injuries			
Hay Fever/Asthma			
Stomach or Intestinal Problems			
Allergies: drugs or food			
Hyperventilation/Shortness of breath/hives			
Disease or injury of bones joints			
Venereal Disease			
Recent loss or gain weight			
Back Problems			
Chronic Cough			
Problems with eyes, ears, nose or throat			

CLINICAL EVALUATION: MUST BE FILLED OUT BY YOUR HEALTH CARE PROVIDER

	Normal	Abnormal	Comment on all abnormal findings
Eyes			
Ears			
Nose/Throat			
Thyroid			
Skin			
Heart			
Lung			
Breast			
Abdomen			
Spine			
Extremities			
Vascular System			
Lymphatic System			
Neuropsychiatry			

Please list all medications that student is currently taking:

Comment on overall physical and emotional health status:

Can student participate in intramural/college sports if desired? Yes No, if no please explain below:

Please provide a plan of care and describe support/resource needed for any special problem or limitation:

Required documentation of immunization based on South Carolina Immunization Laws and Denmark Technical College Residential Life requirement. (Please attach a copy of your updated immunization records).

The following immunizations are required before being admitted into on-campus housing:

- Tetanus Booster (Date)_____ (Required every 10 years)
- Tuberculin Skin Test (PPD) (Date)_____ (Required within the last 12 months). If test is positive, a negative chest x-ray must be documented within six (6) months prior to admission.
- First MMR (Date)_____ Second MMR (Date)_____ (S. C. Law requires that student be given [Measles Live Virus] if he/she was born after 1957.)

Strongly Recommended Proof of Immunizations:

- Meningitis (Date)_____ Hepatitis B Series (Date #1)_____ (Date #2)_____ (Date #3)_____
- Varicella (chickenpox) _____

Physician's Signature/Title _____

Address _____

Telephone # _____ Date _____

This information is strictly for the use of the DTC Health Services Office and will not be released to another party without your knowledge and written consent.