Denmark Technical College Health 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

STUDENT HEALTH HISTORY

Last Name_____ First Name_____ Middle Name_____

Current Age_____ Date of Birth _____/_____/_____ Social Security # _____-_____-_____

Street Address _____

City _____ State _____ Zip Code _____

Cell Phone _____ Alternate Phone # _____

Health Insurance Company _____ Policy # _____

Health Insurance Address _____ Phone # _____

EMERGENCY CONTACT & RELATIONSHIP

Name _____ Relationship _____

Home Phone _____ Cell Phone _____ Work Phone _____

AUTHORIZATION FOR TREATMENT

I give consent to receive treatment for illness or injury, medication, or immunization deemed advisable through the Denmark Technical College Health Services Center, and to make the necessary referrals to other facilities, if indicated.

STUDENT SIGNATURE DATE

Medical History (*check any below that may apply*)

☐ Asthma ☐ Sinusitis ☐ Bronchitis ☐ Kidney trouble ☐ Heart trouble ☐ Stomach upset
☐ Dizziness ☐ Diabetes ☐ Hay fever ☐ Other

List Any Others _____

Allergies

Food _____

Penicillin or other drugs (*name*) _____

Insect sting/bites, Poison sumac/oak/ivy _____

Do you have any other special health information that we should be aware of? Yes _____ No _____

If yes, explain _____

CLINICAL EVALUTION: 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) _____ COVID Vaccine (Date #1)_____ (Date #2) _____

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.

Revised Summer 2022