Delaware County Community College
Physical Examination for Intercollegiate Athletics

In accordance with the regulations of Delaware County Community College, all participants in intercollegiate athletics must show evidence of a favorable physical examination by a licensed physician within the academic year. One examination will be acceptable for all sports within that school year, but cannot be held over from one academic year to the next.

**SPORT** __________________________________________

**Name** ___________________________ **DCCC ID** ___________________ **Age** ______

**Address** ___________________________ **City** ___________________ **State** ______ **Zip** ______

**Phone #** _______________ **Cell #** _______________ **Height** _______________ **Weight** _______________

**Emergency Contact** ___________________________ **Relationship** ___________________________

**Address** ___________________________ **Phone** ___________________________

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**Medical History**

Are you under a physician’s care now? Explain:  
**Yes**  **No**

Have you ever been hospitalized or had a major operation? Discuss  
**Yes**  **No**

Have you ever had a serious injury to your head, neck, or any bone?  
**Yes**  **No**

Have you ever had heart disease, heart murmur, irregular heartbeat, congenital heart disorder, mitral valve prolapse or rheumatic fever?  
**Yes**  **No**

Have you ever had high blood pressure or stroke? Discuss  
**Yes**  **No**

Have you ever had shortness of breath, asthma, or pneumonia?  
**Yes**  **No**

Do you have a history of epilepsy or seizures?  
**Yes**  **No**

Are you now or have you ever been under psychiatric care? Discuss  
**Yes**  **No**

Have you ever had a previous sports injury? Discuss  
**Yes**  **No**

Are you aware of any reason why you should not participate in intercollegiate sports? Discuss  
**Yes**  **No**

Current Medications: List

Do you have any drug allergies? List

Do you smoke? If so, how many packs a day, and how long? 

Do you drink alcohol? Type of drink / amount? Type ______ Daily ______ Weekly ______

Please explain all “YES” answers. ___________________________

I certify my answers are true and correct. Signature: ___________________________

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**VARSITY ATHLETIC PHYSICAL EXAMINATION**

Musculoskeletal ___________________________ Neurological ___________________________

Blood Pressure ___________________________ Genito-Urinary ___________________________

Heart ___________________________ Gastro-Intestinal ___________________________

Lungs ___________________________ Skin ___________________________

Eyes ___________________________ Ears ___________________________

Nose ___________________________ Throat ___________________________

Evidence of Hernia ___________________________

Physical Deformity ___________________________

Current Tetanus Immunization (within 10 yrs.) ___________________________

Other ___________________________

Physician’s signature ___________________________

Date ___________________________