

2010-2011

OTERO JUNIOR COLLEGE STUDENT ATHLETE HEALTH FORM

Social Security # \_\_\_\_\_ Name of Sport \_\_\_\_\_  
Name \_\_\_\_\_ D.O.B \_\_\_\_\_  
Parents Name \_\_\_\_\_ Telephone #(\_\_\_\_) \_\_\_\_\_  
Parents Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Directons:** Applicant should complete Part I of this form and have his or her physician complete Part II and return it to the Office of Admissions, Otero Junior College, La Junta, Colorado.

**PART I—Applicant’s Statement of Health**

1. Check (X) for the following diseases and conditions you have had.  
Tuberculosis \_\_\_\_\_ Rheumatic Fever \_\_\_\_\_ Scarlet Fever \_\_\_\_\_ Venereal Disease \_\_\_\_\_  
Persistent Cough \_\_\_\_\_ Asthma \_\_\_\_\_ Measles \_\_\_\_\_ Epilepsy \_\_\_\_\_ Poor Vision \_\_\_\_\_  
Rheumatism \_\_\_\_\_ Pleurisy \_\_\_\_\_ Mumps \_\_\_\_\_ Heart Trouble \_\_\_\_\_ Earaches \_\_\_\_\_  
Pneumonia \_\_\_\_\_ Kidney Trouble \_\_\_\_\_ Poliomyelitis \_\_\_\_\_ Convulsions \_\_\_\_\_  
Goiter \_\_\_\_\_ Influenza \_\_\_\_\_ High Blood Pressure \_\_\_\_\_ Whooping Cough \_\_\_\_\_  
Anemia \_\_\_\_\_ Malaria \_\_\_\_\_ Hay Fever \_\_\_\_\_ Nervous Breakdown \_\_\_\_\_ Diphtheria \_\_\_\_\_  
Hernia \_\_\_\_\_ Typhoid \_\_\_\_\_ Fainting Spells \_\_\_\_\_ Diabetes \_\_\_\_\_
2. Has any member of your family had Tuberculosis, Diabetes, Epilepsy or Mental Illness?  
\_\_\_\_\_
3. What surgery or hospitalization have you had? \_\_\_\_\_  
\_\_\_\_\_
4. Menstrual History: \_\_\_\_\_
5. Indicate any chronic injuries or physical disabilities. \_\_\_\_\_  
\_\_\_\_\_
6. Have you ever suffered from an emotional or mental illness? \_\_\_\_\_ If so, explain \_\_\_\_\_  
\_\_\_\_\_
7. What is the general condition of your health? Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor \_\_\_\_\_

**PART II—PHYSICIAN’S EXAMINATION: Physical Examination: Indicate “Normal” With (X).**

1. Eyes \_\_\_\_\_ Vision \_\_\_\_\_ Ears \_\_\_\_\_ Hearing \_\_\_\_\_
2. Nose and Throat: Tonsils \_\_\_\_\_ Cervical Glands \_\_\_\_\_ Thyroid \_\_\_\_\_
3. Chest and Lungs: Percussion \_\_\_\_\_ Auscultation \_\_\_\_\_ Breasts \_\_\_\_\_
4. Heart: B.P. \_\_\_\_\_ Rate \_\_\_\_\_ Size \_\_\_\_\_ Murmurs \_\_\_\_\_
5. Abdomen: Scars \_\_\_\_\_ Hernia \_\_\_\_\_ Tumors and Abnormalities \_\_\_\_\_
6. Genitals: Variocele \_\_\_\_\_ Hydrocele \_\_\_\_\_ Skin \_\_\_\_\_
7. Neurological \_\_\_\_\_
8. Deformities or Disfigurements \_\_\_\_\_
9. Apparent Mental and Emotional Stability \_\_\_\_\_
10. Urinalysis \_\_\_\_\_ Spec. Gravity \_\_\_\_\_ Sugar \_\_\_\_\_ Micro \_\_\_\_\_
11. Lab Procedures (when indicated) \_\_\_\_\_
12. Does the applicant have any drug allergies? \_\_\_\_\_ If so, name of drug \_\_\_\_\_  
\_\_\_\_\_
13. Physician’s impression of applicant \_\_\_\_\_
14. Indicate any reason the applicant should not participate in physical education. \_\_\_\_\_  
\_\_\_\_\_

PHYSICIAN’S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_  
Street City State Zip Code