Republic of the Philippines
POLYTECHNIC UNIVERSITY OF THE PHILIPPINES
Office of the Vice President for Administration
MEDICAL SERVICES DEPARTMENT

2x2 or passport size
Current colored ID photo

HEALTH INFORMATION FORM FOR STUDENT

PART I. STUDENT INFORMATION

Due to Community Quarantine, please be informed that Physical Examination for enrollment and submission of chest x-ray is temporarily deferred until further notice.

Name: _____ PUP Student No.: _____
Home Address: _____ School Year: _____
Age: _____ Sex: _____ Civil Status: _____ Course / College: _____
Blood Type: _____ Email Address: _____
Parent's Name / Guardian / Spouse: _____
Landline: _____ Cellphone: _____

PART II. MEDICAL HISTORY

1. Do you need medical attention or has known medical illness? ☐ ***No*** ☐ ***Yes***

(Please check the following that apply and give more information as needed)

☐ Asthma ☐ Fainting ☐ Eye Disease/Defect ☐ Accident Injuries
☐ Diabetes ☐ Heart Condition ☐ Kidney Disease ☐ COVID-19
☐ Seizure Disorder ☐ Hyperventilation ☐ Hemophilia ☐ Tuberculosis / Primary Complex
☐ Migraine ☐ Hypertension
☐ Others *(Pls. Indicate):* _____

2. Previous Hospitalization: ☐ No ☐ Yes Year: _____ If Yes, due to: _____
Operation/Surgery: ☐ No ☐ Yes Year: _____ If Yes, what Surgery: _____

3. Additional Information for Students with Medical Conditions:

As a Parent/Guardian, I would like to declare that my child had history of allergies to the following:
Food: _____ No Known Allergies: _____
Medicines: _____

PART III. FAMILY HISTORY

☐ Diabetes ☐ Auto-immune Disease ☐ Hypertension ☐ Cancer
☐ Others *(Pls. Indicate):* _____

PART IV. PERSONAL HISTORY

Cigarette Smoking: ☐ Yes ☐ No
Alcohol Drinking: ☐ Yes ☐ No

I hereby state to the best of my knowledge, my answers to the above questions are complete and correct.

By affixing my signature (Parent/Guardian and Student), I am agreeing to the PUP Data Privacy Policy and voluntarily giving my consent in the collection and processing of the student's name above his/her Personal Information in accordance thereto and be given medical and dental care by the PUP Physician/Dentist and Nurse. I also understand that the PUP MSD will not be liable to any untoward incident that may arise due to the temporarily deferral of the physical examination and chest x-ray.

_____ _____ _____
Signature of Parent/Guardian | Signature of Student | Date

Note: Both Parent/Guardian and Student will sign if Student is below 18 years of age.