



Divine Word College of Legazpi
Health Services Unit
Legazpi City

COLLEGE STUDENT HEALTH RECORD

1x1
Photo

Name: _____

Course & Year: _____ Sex: _____

Address: _____ Tel: _____

Nationality: _____ Birthday: _____ Religion: _____

Father's/Guardian's Name: _____ Occupation: _____

Mother's Name: _____ Occupation: _____

Contact in case of emergency: _____

Contact Numbers: _____

Address: _____

Relation to student: _____

Hospital of choice of referral: _____

Contact Numbers: _____

Physician and number to call: _____

Address of the hospital: _____

A. IMMUNIZATION

VACCINE	WHEN & WHERE ADMINISTERED
Tetanus & Diphtheria(Td)	_____
Or Tetanus toxoid	_____
Measles, Mumps, Rubella	_____
(MMR)	_____
Hepatitis B	_____

Varicella

B. FAMILY HISTORY

Disease	No	Yes	Relation(s) to student
Asthma			
Bleeding Tendency			
Cancer			
Diabetes			
Heart Disorder			
High Blood Pressure			
Kidney Problem			
Mental Disorder			
Obesity			
Seizure Disorder			
Stroke			
Tuberculosis			

Name: _____

Sex: _____

C. MEDICAL HISTORY: *The student has suffered from: (please check No or Yes)*

Illness	No	Yes	Illness	No	Yes
Allergy			Heart Disorder		
Anemia			Hyperacidity		
Asthma			Indigestion		
Behavioral Problem			Insomnia		
Bleeding Problem			Kidney Problem		
Blood Abnormality			Liver Problem		
Chicken Pox			Measles		
Convulsion			Mumps		
Dengue			Parasitism		
Diabetes			Pneumonia		
Ear Problem			Primary Complex		
Eating Disorder			Scoliosis		
Epilepsy			Skin Problem		
Eye Problem			Tonsillitis		
Fracture			Typhoid Fever		
Hearing Problem			Vision Defect		

The student has a history of

Hospitalization

Surgical Operation

No	Yes

The student is on special medication: _____

The student is allergic to the following drugs: _____

Other relevant information: _____

COLLEGE STUDENT HEALTH RECORD

Name: _____ Birthday: _____ Sex: _____

A. PHYSICAL EXAMINATION

DATE					
Weight					
Height					
BMI					
Blood Pressure					
Pulse Rate					
Scalp					
Skin & Nails					
Eyes					
Visual Acuity					
Ears					
Hearing Test					
Nose					
Throat					
Mouth & Tongue					
Teeth & Gums					
Chest & Breasts					
Heart					
Lungs					
Abdomen					
Genitalia					

Spine & Extremities					
Sexual Maturity Rating					
Screening, Risk-taking Behavior					
Other Findings					
Remarks					