DIVINE WORD COLLEGE OF LEGAZPI
MEDICAL CLINIC, SENIOR HIGH SCHOLL DEPARTMENT
DWCL North Campus Washington Drive, Legazpi City 4500 Philippines

Name: _____ Grade & Sec: _____

Age: _____ Birthday: _____ Sex: _____

School Activity: _____ Event/Sports: _____

HEALTH DECLARATION

Is your child/ward experiencing any medical or health condition that may affect his/her safe participation in the upcoming event? ☐ NO ☐ YES

If yes, please specify: _____

_____

Some conditions which may affect safe participation in the upcoming activity:

	NO	YES
• Asthma/Bronchitis	☐	☐
• Heart Condition	☐	☐
• Fainting Spells	☐	☐
• Severe Headaches	☐	☐
• Diabetes	☐	☐
• Bone or Joint Injuries	☐	☐
• Head Injury	☐	☐
• Hearing Problem	☐	☐
• Visual Problem	☐	☐

- Epilepsy or Seizure Disorder ☐ ☐
- Bleeding Problem ☐ ☐
- Mental Illness ☐ ☐

If YES, kindly give the details: _____

_____

The student has a history of:

- Hospitalization ☐NO ☐YES
  If YES, please give the details: _____
- Surgical Operation ☐NO ☐YES
  If YES, please give the details: _____

The student is on **special medication:** _____

_____

The student is **allergic to the following drugs:** _____

_____

I, hereby clarify that the above information are true and correct.

_____

Parent's/Guardian's Signature over Printed Name

Your Success…Our Word!