



Republic of the Philippines
Polytechnic University of the Philippines
College of Computer and Information Sciences
Sta. Mesa, Manila



PUP MEDICAL HEALTH INFORMATION FORM WEBSITE

In Partial Fulfillment of the Requirements in the Course Web Development

Members

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BSIT 3-1

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FEBRURARY 11, 2024



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Project Title: PUP Medical Health Information Form

Project Description: The PUP Medical Health Information Form Website is a comprehensive online platform designed for efficient and secure documentation of medical health information. Developed in partial fulfillment for the course web development, this website aims to streamline the process of collecting, storing, and managing crucial health data of individuals within the PUP community.

Key Features:

1. User-Friendly Interface
2. Secure Data Storage
3. Customized Form Fields
4. Data Validation

Tools and Technologies' Used:

1. Visual Studio Code
2. HTML, CSS, JavaScript for the general user interface
3. PHP and MySQL for Database
4. GitHub

Challenges Encountered:

1. Time Constraints
2. Tasks with other subjects
3. Publishing the website



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FORM REFERENCE:

PUP-HIFS-6-MEDS-020
Rev. 2
March 22, 2022



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 Covid-19 pandemic, physical examination, and chest x-ray submission as requirement for enrollment is temporary deferred, however, you will be asked to comply with this upon resumption of your face-to-face classes.

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)

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Loss of Consciousness | <input type="checkbox"/> Eye Disease/Defect | <input type="checkbox"/> Accident Injuries |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Kidney Disease | <input type="checkbox"/> Tuberculosis / |
| <input type="checkbox"/> Convulsion/Epilepsy | <input type="checkbox"/> Hyperventilation | <input type="checkbox"/> Hemophilia | Primary Complex |
| <input type="checkbox"/> Migraine | <input type="checkbox"/> High Blood Pressure | | |
| <input type="checkbox"/> Others (Pls. Indicate): _____ | | | |

2. 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: ☐ Aspirin ☐ Ibuprofen ☐ Amoxicillin
☐ Mefenamic Acid ☐ Penicillin ☐ Others: _____

PART III. 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 agree to the Data Privacy Act of 2012 and its implementing rules and regulations and voluntarily giving my consent in the collection and processing of the student's name above its Personal Information in accordance with such as health assessment, treatment and/or research following research ethics guidelines for the improvements of healthcare services. This consent will remain in full force until I revoke it in writing. I also understand the PUP MSD will not be liable to any untoward incident this may arise due to the temporary 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.