CENTRAL PHILIPPINES STATE UNIVERSITY

San Carlos, Negros Occidental

PRE-ENTRANCE HEALTH EXAMINATION REPORT

(Please write legibly and use black pen only)

PERSONAL INFORMATION

Name:

(Last) (First) (Middle)

Date of Birth: Age: Sex: Nationality:

Home Address:

Contact Number: Religion:

College/Department: Course/Year:

Name of Parents/Guardian:

Address:

Contact Number/s: Occupation:

ANTHROPOMETRICS

Height: ft/in

Weight: kg

BMI:

VITAL SIGNS

Temp: °C

BP: mmHg

PR: /min

RR: /min

MEDICAL HISTORY

DISEASE	Specific Disease/Remarks	Hospital Confinement	Date/s of Hospitalization, if co
Nosebleed		Yes No	
Dengue Fever		Yes No	
Rheumatic Fever		Yes No	
Typhoid Fever		Yes No	
Arthritis		Yes No	
Urinary Tract Infection, STD		Yes No	
Amoebiasis		Yes No	
Hyperacidity		Yes No	
Asthma		Yes No	
Heart Disease		Yes No	
Mumps		Yes No	
Tuberculosis, Pneumonia		Yes No	
Chicken Pox		Yes No	
Measles		Yes No	
Fainting Spells, Seizure		Yes No	
Hernia		Yes No	
Thyroid Disease (Goiter)		Yes No	

IMMUNIZATIONS

Chicken Pox HPV Vaccine Hepatitis A Hepatitis B Influenza Pneumonia Tetanus Toxoid Rabies

Smoking (sticks/day for years)

Drinking (beer per ; shots per)

MENSTRUAL HISTORY

Menarche Duration Interval Pads/Day

Regular Irregular

LMP

I hereby certify that the above history is true to the best of my knowledge.

Student's Signature Date