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)

☐ Asthma	☐ Loss of Consciousness	☐ Eye Disease/Defect	☐ Accident Injuries
☐ Diabetes	☐ Heart Disease	☐ Kidney Disease	☐ Tuberculosis / Primary Complex
☐ Convulsion/Epilepsy	☐ Hyperventilation	☐ Hemophilia	
☐ Migraine	☐ High Blood Pressure		

☐ 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 <u>Student is below 18 years of age.</u>