



DEPARTMENT OF EDUCATION
REGION V(Bicol)
SCHOOLS DIVISION OF LEGAZPI CITY
PAG-ASA NATIONAL HIGH SCHOOL
Rawis, Legazpi City

MEDICAL FORM

The information on this form will be treated as confidential and will only be shared with school personnel on a need-to-know basis.

FOR OFFICIAL USE

FAMILY INFORMATION

Last Name	First Name	Middle Name	Age
Gender	Date of Birth	Nationality	
Height	Weight	Nutritional Status	
Name of Father	Name of Mother	Contact Number	

FOR EMERGENCY

Name	Relationship	Contact Number
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MEDICAL INFORMATION AND HEALTH HISTORY

Allergies			
Do you wear eyeglasses?	Description		
Do you have an ear condition?	Description		
ILLNESS HISTORY	IMMUNIZATION RECORD		
Diabetes	() ()	DPT/DT	() ()
Meningitis	() ()	Polio	() ()
Tuberculosis	() ()	Measles	() ()
Pneumonia	() ()	Mumps	() ()
Fainting Spells	() ()	Rubella	() ()
Heart Disorder	() ()	Typhoid Injection	() ()
Urinary Disorder	() ()	Tetanus Booster	() ()
Epilepsy/Seizures	() ()	Hepatitis A	() ()
Scoliosis	() ()	Hepatitis B	() ()
Psoriasis	() ()	Varicella	() ()
Vitiligo	() ()		
Atopic Dermatitis	() ()		
Impetigo	() ()		

I verify that all information provided on this form is complete and correct. I acknowledge that it is my responsibilty to inform the Pag-asa National High School authorities of any changes in my health, physical condition and medical needs.

Date: March 28, 2018