ATENEO DE DAVAO UNIVERSITY
Junior High School

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In Consortium with Ateneo de Zamboanga University and Xavier University

Junior High School Clinic

STUDENT HEALTH RECORD

SY _____

Enrolled Student Yes [] No [] Gr 7 ____ Gr 8 ____ Gr 9 ____ Gr 10 ____

Name: _____ Sex: _____ Age: _____
Address: _____ Tel No: _____
Nationality: _____ Birthdate: _____ Religion: _____

Father's Name: _____ Occupation: _____
Contact Number: _____ Address: _____
Mother's Name: _____ Occupation: _____
Contact Number: _____ Address: _____
Guardian's Name: _____ Relation to Student: _____
Contact Number: _____ Address: _____
In case of Emergency, who should be notified? Mother [] Father [] Guardian []
Hospital of choice for referral or admission of student: _____
Hospital Contact Number: _____ Hospital Address: _____

A. Student's Medical History. *Please place a tick (✔) on the appropriate box if the student had experienced any of the following illnesses.*

Illness		Illness		Illness	
Allergy	Yes [] No []	Dengue Fever	Yes [] No []	Measles	Yes [] No []
Anemia	Yes [] No []	Epilepsy	Yes [] No []	Mumps	Yes [] No []
Asthma	Yes [] No []	Fainting	Yes [] No []	Pneumonia	Yes [] No []
Behavior Problem	Yes [] No []	Fracture	Yes [] No []	Skin Problem	Yes [] No []
Bleeding Problem	Yes [] No []	Hearing Problem	Yes [] No []	Speech Problem	Yes [] No []
Chicken Pox	Yes [] No []	Indigestion	Yes [] No []	Spine Disorder	Yes [] No []
Convulsion	Yes [] No []	Insomnia	Yes [] No []	Tonsilitis	Yes [] No []
Diabetes	Yes [] No []	Intestinal Worms	Yes [] No []	Typhoid Fever	Yes [] No []
Ear Problem	Yes [] No []	Kidney Disease	Yes [] No []	Vision Problem	Yes [] No []
Eating Disorder	Yes [] No []	Liver Disease	Yes [] No []	Others *(please specify):*	
Eye Problem	Yes [] No []	Lung Disease	Yes [] No []		_____

Has the student experienced…
… hospitalization? [] No [] Yes When? _____ For what reason? _____
… surgery / operation? [] No [] Yes When? _____ For what reason? _____
For Male Students: Did the student undergo circumcision? [] No [] Yes
For Female Students: At what age did the student have her first menstruation / period? _____
When was the last menstrual period? _____ Cycle: [] Regular [] Irregular
Usual Menstrual Flow: [] Minimal [] Moderate [] Profuse / Heavy

B. Student's Current Medical Conditions. *Please check if the student presently has or currently undergo any of the conditions below. Please provide a copy of Medical Certificate/s for the condition/s checked.*

☐	Heart / Cardiac Conditions / Concerns;	*Please specify:*	_____
☐	Allergies / Allergic Reactions	*Please specify:*	_____
☐	Bone Conditions / Concerns	*Please specify:*	_____
☐	Cancer	*Please specify:*	_____
☐	Diabetes	*Please specify:*	_____
☐	Lung / Respiratory Conditions	*Please specify:*	_____
☐	Gastric / Digestive Concerns;	*Please specify:*	_____
☐	Brain / Neurological Conditions;	*Please specify:*	_____
☐	Surgery	*Please specify:*	_____
☐	Others	*Please specify:*	_____

Please include any other significant information / concerns regarding the applicant that may need special attention / consideration *(i.e. health conditions, behavioral concerns, special needs and etc.)*

C. Family Medical History. *Please place a tick (✔) on the appropriate box.*

Disease		**Disease**		**Disease**	
Asthma	Yes [] No []	Epilepsy	Yes [] No []	Mental Problem	Yes [] No []
Cancer	Yes [] No []	Heart Problem	Yes [] No []	Obesity	Yes [] No []
Bleeding Problem	Yes [] No []	Hypertension	Yes [] No []	Stroke	Yes [] No []
Diabetes	Yes [] No []	Kidney Disease	Yes [] No []	Tuberculosis	Yes [] No []

Others *(please specify):* _____

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A G R E E M E N T

We hereby affirm that the information written in this form are true and correct to the best of our/my knowledge. Moreover, we have carefully reviewed the information that we have furnished and stated in this medical form and we declare them as complete and accurate. We also affirm that should the need for medical records to help present the overall condition of our child / ward will be asked from us, we shall abide and submit the said documents to the Ateneo de Davao University Junior High School right away.

_____ _____

Parent's / Guardian's Signature Over Printed Name | Parent's / Guardian's Signature Over Printed Name

_____ _____

Date Signed | Date Signed

_____

Student Applicant's Signature Over Printed Name

_____

Date Signed