

MANILA TYTANA COLLEGES

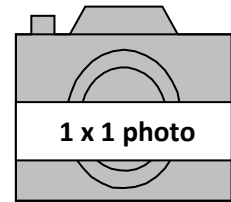
Health Services Section

COLLEGE STUDENT HEALTH RECORD

College Course _____

Year and Section _____

Date _____



A. Personal Information

Name _____ Age _____ Sex _____

Address _____ Tel. No. _____

Nationality _____ Birthday _____ Religion _____

Spouse's Name _____ Occupation _____

Father's Name _____ Occupation _____

Mother's Name _____ Occupation _____

B. Contact in case of emergency

Name _____

Relation to student _____

Contact Number _____

Address _____

Hospital of choice for referral

Address of hospital _____

Contact Number _____

Family Physician and number to call

The student has a previous history of:

	No	Yes	Illness/ Surgical Operation and Year
Hospitalization			
Surgical operation			

Present medical condition/s: _____

The student is on special medication/s: _____

(PRESENT MEDICINES) _____

The student is allergic to the following (ALLERGIES)

1. Food _____

2. Drug _____

Other relevant information: _____

C. Student's Medical History

The student has suffered from: (Please check No or Yes)

Illness	No	Yes	Illness	No	Yes
Allergy			Frequent Headaches		
Anxiety			Hearing problem		
Anemia			Heart disorder		
Asthma			Hyperactivity		
Behavioral problem			Indigestion		
Bleeding problem			Insomnia		
Blood abnormality			Kidney problem		
Chicken Pox			Learning Difficulty		
Convulsion			Liver problem		
Dengue			Measles		
Depression			Mumps		
Diabetes			Parasitism		
Dizziness			Pneumonia		
Ear problem			Primary complex, TB		
Eating Disorder			Scoliosis		
Epilepsy			Skin problem		
Eye problem			Tonsillitis		
Fainting Spells			Typhoid fever		
Fracture			Vision defect		
Others					

D. Family Medical History

Please check No or Yes. Indicate the relative's relation to student

Disease	No	Yes	Relation(s) to student
Asthma			
Bleeding Tendency			
Cancer			
Diabetes			
Heart Disorder			
High Blood Pressure			
Kidney Problem			
Mental Disorder			
Obesity			
Seizure Disorder			
Stroke			
Tuberculosis			
Others			

This is to certify that all declared information is true and correct.

Signature (Student, Parent or Guardian)