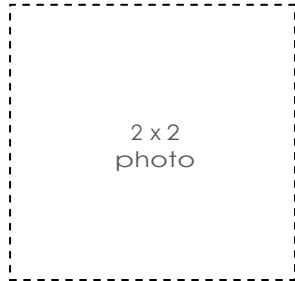




MIRIAM COLLEGE
LOWER SCHOOL



STUDENT HEALTH RECORD FORM

NAME: _____
Last First Middle Nickname

ADDRESS: _____ TEL NO. _____
BIRTHDAY: _____

FATHER'S NAME: _____ MOTHER'S NAME: _____
OCCUPATION: _____ OCCUPATION: _____
BUSINESS ADDRESS: _____ BUSINESS ADDRESS: _____
TEL. NUMBER(S): _____ TEL. NUMBER (S): _____
MOBILE NO: _____ MOBILE NO: _____

STUDENT FREQUENTLY HAD: (Please check)

- Abdominal pain
- Backache
- Chest pains
- Colds
- Cough
- Dizziness
- Fever
- Headache
- Easy fatigability
- Nose Bleeding
- Sore throat
- Others (specify): _____

PAST DISEASE: (please check)

- Allergy
- Asthma
- Convulsions
- Chickenpox
- Diphtheria
- Hepatitis
- Measles
- German Measles
- Mumps
- Whooping cough
- Urinary trouble
- Rheumatic fever
- Primary complex
- Typhoid
- Tonsillitis
- Bleeding Tendencies
- Joint swelling
- Heart trouble
- Worms
- Operations
- Injuries

FAMILY DISEASE: (please check)

- Cancer
- Diabetes
- Epilepsy
- Heart disease
- High blood pressure
- Nervous breakdown
- Peptic ulcer
- Tuberculosis
- Others (specify)

DRUG PREPARATION GIVEN TO CHILD IN CASE OF:

- Fever _____
- Abdominal Pain _____
- Headache _____
- Others _____
- Eye Problem _____
- Cough & Colds _____
- Dizziness _____

IMMUNIZATION

VACCINE	DATE(S) GIVEN	VACCINE	DATE(S) GIVEN
BCG		MMR 1	
DPT 1		2	
2		Typhoid 1	
3		2	
Booster 1		3	
2		Hepatitis A 1	
Poliomyelitis/OPV 1		2	
2		3	
3		Hepatitis B 1	
Booster 1		2	
2		3	
HIB 1		4	
2		Chickenpox	
3		Others:	
4			
Measles			

Please check and note if the child:

- has any special medication : _____
- requires special care : _____
- is allergic to any drug preparation : _____
- has requests : _____
- others : _____

IN CASE OF EMERGENCY (ACCIDENT OR ILLNESS) AND PARENTS CANNOT BE REACHED BY PHONE, ALTERNATE PERSONS TO BE NOTIFIED ARE:

1. _____ Tel. No. _____
2. _____ Tel. No. _____

DOCTOR TO BE NOTIFIED: _____ Tel. No. _____

CERTIFIED CORRECT:

NAME OF FAMILY PHYSICIAN _____
PRC NO. _____ SIGNATURE _____

SIGNATURE OF PARENT/GUARDIAN: _____
DATE: _____

We acknowledge the protocols of the school in communicating with parents, administering first aid, addressing emergency treatment, transporting to the nearest hospital that can provide the necessary medical management, and acquiring medical clearance when returning back to school after an injury or communicable disease.



MIRIAM COLLEGE LOWER SCHOOL

NAME: _____

	Grade 1	Grade 2	Grade 3	Grade 4	Grade 5	REMARKS
DATE						
SECTION						
AGE						
Height						
Weight						
Vision R.						
Vision L.						
Pediculosis						
Eye						
Ear						
Nose						
Teeth						
Tonsils						
Throat						
Cervical Glands						
Skin						
Cleanliness						
Nutrition						
Posture						
Deformities						
Thyroid gland						
Adenoids						
Lungs						
Heart						
Spleen						
Doctor's Name						
PRC No.						
Doctor's Signature						

CODE O-Satisfactory; XX-requiring attention

Important Note to Parents:

The Annual Physical Exam (APE) is required upon the initial entry level of students (incoming Grade 1 and all new applicants of other grade levels), indicated by the family physician under the corresponding column.