



# Miriam College Nuvali

Calamba City, Laguna  
Clinic

NAME: \_\_\_\_\_  
 Last First Middle Nickname  
 ADDRESS: \_\_\_\_\_ TEL NO. \_\_\_\_\_ Sex \_\_\_\_\_  
 BIRTHDAY: \_\_\_\_\_  
 FATHER'S NAME: \_\_\_\_\_ MOTHER'S NAME: \_\_\_\_\_  
 OCCUPATION: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_  
 BUSINESS ADDRESS: \_\_\_\_\_ BUSINESS ADDRESS: \_\_\_\_\_  
 TEL. NUMBER (S): \_\_\_\_\_ TEL. NUMBER (S): \_\_\_\_\_  
 CELLPHONE #: \_\_\_\_\_ CELLPHONE #: \_\_\_\_\_

### STUDENT FREQUENTLY HAD: (Please check)

<input type="checkbox"/> Abdominal pain	<input type="checkbox"/> Fever
<input type="checkbox"/> Back ache	<input type="checkbox"/> Headache
<input type="checkbox"/> Chest pains	<input type="checkbox"/> Easy fatigability
<input type="checkbox"/> Colds	<input type="checkbox"/> Nose Bleeding
<input type="checkbox"/> Cough	<input type="checkbox"/> Sore throat
<input type="checkbox"/> Dizziness	<input type="checkbox"/> Others (specify)

### PAST DISEASE: (please check)

<input type="checkbox"/> Allergy	<input type="checkbox"/> German Measles	<input type="checkbox"/> Tonsilitis
<input type="checkbox"/> Asthma	<input type="checkbox"/> Mumps	<input type="checkbox"/> Bleeding Tendencies
<input type="checkbox"/> Convulsions	<input type="checkbox"/> Whooping cough	<input type="checkbox"/> Joint swelling
<input type="checkbox"/> Chicken pox	<input type="checkbox"/> Urinary trouble	<input type="checkbox"/> Heart trouble
<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Rheumatic fever	<input type="checkbox"/> Worms
<input type="checkbox"/> Hepatitis	<input type="checkbox"/> Primary complex	<input type="checkbox"/> Operations
<input type="checkbox"/> Measles	<input type="checkbox"/> Typhoid	<input type="checkbox"/> Injuries

### FAMILY DISEASE: (please check if a family member has any with the ff.)

<input type="checkbox"/> Cancer	<input type="checkbox"/> Heart disease	<input type="checkbox"/> Peptic ulcer
<input type="checkbox"/> Diabetes	<input type="checkbox"/> High blood pressure	<input type="checkbox"/> Tuberculosis
<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Nervous breakdown	<input type="checkbox"/> Others (specify)

### DRUG PREPARATION GIVEN TO CHILD IN CASE OF:

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

VACCINATION RECORD: \_\_\_\_\_ Date(s) given \_\_\_\_\_  
 \_\_\_\_\_ BCG \_\_\_\_\_  
 \_\_\_\_\_ DPT \_\_\_\_\_  
 \_\_\_\_\_ Poliomyelitis \_\_\_\_\_  
 \_\_\_\_\_ Measles \_\_\_\_\_  
 \_\_\_\_\_ Mumps \_\_\_\_\_  
 Others \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please note down on the space below if child:

1. has any special medication
2. requires special care
3. is allergic to any drug preparation
4. has requests

and/or

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

1. \_\_\_\_\_ Contact No. \_\_\_\_\_
2. \_\_\_\_\_ Contact No. \_\_\_\_\_

DOCTOR TO BE NOTIFIED: \_\_\_\_\_ Contact No. \_\_\_\_\_  
 IF EMERGENCY TREATMENT IS NECESSARY, MAY THE SCHOOL AUTHORITIES TAKE THE CHILD TO THE NEAREST CLINIC/HOSPITAL?  
 YES: \_\_\_\_\_ NO: \_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_  
 DATE: \_\_\_\_\_

**Miriam College Nuvali**  
 CALAMBA CITY, LAGUNA  
**STUDENT'S HEALTH RECORD**  
 (to be filled up by Miriam College Nuvali Clinic)

Name \_\_\_\_\_

									<b>CONSULTATION RECORD</b>
DATE									
GRADE LEVEL & SECTION									
AGE									
Height									
Weight									
Vision R.									
Vision L.									
Hearing L.									
Hearing R.									
Speech									
NASAL BREATHING									
Pediculosis									
Eye									
Ear									
Nose									
Teeth									
Mouth Hygiene									
Tonsils									
Throat									
Cervical Glands									
Skin									
Cleanliness									
Nutrition									
Posture									
Deformities									
Thyroid gland									
Adenoids									
Lungs									
Heart									
Spleen									
Doctor's Signature									

CODE O-Satisfactory; X-Observation; XX-requiring attention; XXX-Immediate action needed  
 (XX)-Corrected (XX)-Attempted to be corrected unsuccessfully.