

UNIVERSITY OF THE PHILIPPINES  
HEALTH SERVICE

ENTRANCE HEALTH EXAMINATIONS

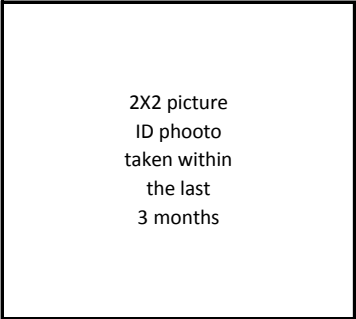
A complete Medical History and Physical Examination is compulsory to complete your admission to the University of the Philippines and must be on file on or before your registration. This is the responsibility of the applicant and not your physician. Please type or complete in Ink. This record will be treated with confidentiality.

Important: Please mail completed form to the University Health Service, U.P. Visayas Miagao, Iloilo or bring accomplished form with you to the U.P. Health Service when you come for physical examination.

PLEASE KEEP THIS FORM NEAT AND CLEAN

A. Complete this form if you are enrolling during a regular semester and if you are:

- 1 A. Beginning undergraduate or a beginning graduate student
- 2 A transfer student from a regional campus or another school or university
- 3 A re-entry student (undergraduate or graduate) who has been out of the University of the Philippines for at least one semester
- 4 A graduate student employed under the classification of "Graduate Assistant" or "Graduate Instructor"



B. Completion of this form is not required if:

- 1 You are a foreign student sponsored by a government agency whose files provides a complete health record signed by a physician. A copy of the health record should be submitted in lieu of this form.
- 2 Enrolling for a Summer Session only.

Allergic to: \_\_\_\_\_

Entrance Date to U.P. \_\_\_\_\_

Please print

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Last Name      First name      Middle      Sex      Age

Single Married Widowed Divorced

Date of Birth: Place:

College/School of Registration in the University of the Philippines:

Freshman Sophomore Junior Senior Graduate Special

Home Address: Tel. No.

No Street City Province Country

School while in School: Tel. No.

Name of Parent/Guardian/Spouse:

Address: Tel. No.

Family History

Mother Living If deceased, Cause of death

(Age) (Age at death)

Father Living If deceased, Cause of death

(Age) (Age at death)

Among your blood relatives, is there a history of any of the following:

	Yes	No	Relationship		Yes	No	Relationship
Cancer				Diabetes			
Heart Disease				Mental Disorder/Problem			
High Blood Pressure				Asthma or Hay Fever			
Stroke				Convulsions/Neurologic Problems			
Tuberculosis				Bleeding Problems/Blood Disorders			
Kidney Disease				Digestive disturbances			
Arthritis/Rheumatism				Skin Disease			

**UNIVERSITY OF THE PHILIPPINES VISAYAS**  
**Health Service Unit**  
**Miagao, Iloilo**

**PERIODIC HEALTH EXAMINATION**

YEAR OF EXAM \_\_\_\_\_

Date \_\_\_\_\_

<b>LASTNAME</b>				<b>FIRSTNAME</b>			<b>MIDDLE INITIAL</b>	
<b>AGE</b>	<b>SEX</b>	<b>BIRTHDATE</b>	<b>CS</b>	<b>STUDENT/EMP. NO.</b>	<b>COLLEGE/DIVISION/UNIT</b>		Student	
							Employee	

**ADDITIONAL DATA INFORMATION SHEET**

Present Mobile No.:		Network:
Present Address in Miagao:		
Name of Landlady/Landlord/Dorm Head:		
Contact No. of BH/Dorm:		
Guardian/Person to be contacted in case of <b>PARENTS</b> are not available.		
Name:		Relation:
Address:		Mobile/Landline No.:
		Network:

**CURRENT MEDICAL PROBLEMS**

MEDICAL CONDITION	WHEN IDENTIFIED	MAINTENANCE MEDICATIONS IF ANY

**FAMILY HISTORY- check and indicate closest family member affected**

	Hypertension		Tuberculosis		B. Asthma		Cancer-breast, colon
	Diabetes Mellitus		Hepatitis		Heart Disease		Allergies
	Others:						

**LIFESTYLE EVALUATION**

Lifestyle	What to describe	Description of behavior
Diet	High or low or just right: Carbohydrate /fat/fiber/salt	
Tobacco use/smoking	If active and quantity	
Alcohol	Quantity and frequency	
Physical activity/sports	Type and number of hrs per week	
Personal hygiene/sexual activity		
Others		

**RECURRING SYMPTOMS IF ANY- write the symptom that is causing concern**

General		Sense organs		Heart	
Chest/lungs		Neck		Abdomen	
Back		Blood related		Muscles/ joints	
Skin		Others		Others	
For FEMALES: LMP	PMP	Flow		G-P	

**IMMUNIZATIONS - indicate latest booster dose**

VACCINE	GIVEN WHEN	DOSE include quantity	REMARKS
MMR			
Dtap/Tetanus			
Varicella			
Hepatitis B			
Influenza			
Pneumonia			
Others			

**PHYSICAL EXAMINATION**

HEIGHT	WEIGHT	BP	PR	BMI
VISION TEST		Right Eye	Left Eye	
(DO NOT WRITE beyond this line. To be FILLED out by the PHYSICIAN)				
ORGAN SYSTEM	Essentially Normal	FINDINGS IF ABNORMAL		
Skin				
HEENT				
Neck				
Chest and Lungs				
Heart				
Abdomen				
Extremities				
Special procedures				
PERTINENT LABORATORY RESULT		FINDINGS/DIAGNOSIS		
CBC				
Urinalysis				
Fecalysis				
CXR PA				
Others				
EMPLOYEE CLASSIFICATION		STUDENT CLASSIFICATION		
	Fit for employment : Class A		Fit for enrollment no PE restrictions	
	Fit for employment : Class B		Fit for enrollment but restricted PE	
	Fit for employment : Calss C		Fit for enrollment but hold chart temporarily	
	Not fit for employment		Not fit for enrollment	

**RECOMMENDATIONS/REMARKS :**

Examining Physican \_\_\_\_\_ Lic. No. \_\_\_\_\_