**PHILIPPINE SCIENCE HIGH SCHOOL SYSTEM**
CAMPUS: _____

Paste your 1 x 1 picture here. **DO NOT STAPLE.**

# HEALTH HISTORY AND PERSONAL DATA SHEET

(Grade 8 to 12)

**Instructions:**
Students should fill this up carefully **IN INK.** The answers to the questions will help the Medical Clinic in rendering effective treatment regarding your health problems. **ALL ANSWERS SHALL BE HELD CONFIDENTIAL.**

1. **Name**: _____
   First Name Middle Name Surname
2. **Permanent Home Address:** _____
3. **Person to notify in case of emergency** _____
   Address _____ Contact _____
4. **Past Medical History:**
   Indicate the diseases/illnesses/injury/ies you have had for the past year. Tick (□) appropriate column for patient disposition. (Attach medical certificate, if any).

| Name of diseases/illnesses/injury sustained | Date sustained | Disposition | |
|---|---|---|---|
| | | OPD | Hospital Confinement |
| | | | |
| | | | |
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5. **Immunization History**: Indicate the vaccine you were immunized for the past year and the date it was administered. Please attach copy of Vaccine Certificate.

| Name of Vaccine | Date administered |
|---|---|
| | |
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6. **Vitamins/Medications being taken**: (please attach Doctor's Prescription, if any)

| Name of Vaccine | Date administered |
|---|---|
| | |
| | |
| | |
| | |
| | |

7. **Are you allergic to any medication/s?** ( ) YES ( ) NO If yes, to what medication/s: _____ _____

I hereby certify that the above data are true and correct and that I give permission for release and exchange of information from this form, its attachments, and any other form related to my health history, with confidential use, between the School Nurse, School Physician, and other health care provider in meeting my health needs

_____ _____
**Printed Name and Signature of Student** **Printed Name and Signature of Parent/Guardian**

**Date Accomplished:** _____