ATENEO DE MANILA UNIVERSITY
JUNIOR HIGH SCHOOL HEALTH SERVICES
Loyola Heights, Katipunan Avenue, Quezon City
Telephone No.: 02-4266001 loc.6280/6284 or 02-4016528

AHS M-005
Rev. 2018

AJHS Student's Health Information Form – YEARLY UPDATE SY 2018-2019

This is the printable version of this form. Please print out, fill up, and submit on the 1ST WEEK OF SCHOOL to the Ateneo High School Health Services c/o their CLASS MODERATOR. All information in this form will be kept CONFIDENTIAL.

STUDENT INFORMATION

Name: _____
(Last) (First) (Middle)

ID Number: _____ **Cluster/Year/ Sec:** _____ **Date of Birth:** ___/___/___ **Age:** _____

Home Address: _____ **Home Number:** _____

_____ **Mobile Number:** _____

CONTACT INFORMATION

	MOTHER	FATHER	EMERGENCY CONTACT (If parents cannot be reached)		
Name			Name:	1.	2.
Address (if different from above)			Contact Number:		
Home Number			PHYSICIAN		DENTIST
Work Number			Name:		Name:
Cellphone Number			Contact Number:		Contact Number:
Email Address					

MEDICAL HISTORY

Please answer completely as accurate as possible. All questions pertain to the past 12 months or since your last medical update during the previous school enrolment. Kindly explain YES answers in the space provided on this sheet or you may attach an additional sheet of paper or pertinent medical document/s if needed. Let us know of any questions that are confusing or difficult to answer.

1. **Do you have any allergies to medicine, food, and other substances (i.e. pollen, latex, etc.)?**
   O No O Yes If yes, please specify: _____

2. **Do you have an ongoing medical condition (i.e. diabetes, heart disease, asthma, etc.)?**
   O No O Yes If yes, please specify: _____

3. **Have you had any medical illness or injury acquired in the past 12 months?**
   O No O Yes If yes, please specify: _____

4. **Are you currently taking any medicine aside from Multivitamins?** O No O Yes

Name of Medicine	Reason for Taking Medicine	Instruction on Intake

5. **Have you had any surgical operations / accidents / or serious injuries in the past 12 months?**
   O No O Yes If yes, please specify: _____

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6. **Have you been confined to a hospital in the past 12 months?**
   O No O Yes If yes, please specify: _____

7. **Have you been immunized or given any vaccination in the past 12 months?**
   O No O Yes If yes, please specify: _____
   _____
   _____

DENTAL HISTORY

1. **How long ago have you seen a dentist?** _____
2. **Do you see a dentist regularly?** ---------- O No O Yes
3. **How do you feel about your teeth?** _____
4. **Have you undergone tooth extraction?** ---------- O No O Yes
   Did you experience any complications during or after the procedure? O No O Yes
5. **Do your gums bleed, feel tender or swollen or look reddish?** --------- O No O Yes
6. **Have you had any periodontal (gum) treatment?** ---------- O No O Yes
7. **Are your teeth sensitive to pressure, hot, cold or sweet food?** ------- O No O Yes
8. **Are you aware that you grind or clench your teeth?** ---------- O No O Yes
9. **Do you have headaches, earaches or neck pain?** ---------- O No O Yes
10. **Have you worn braces or your teeth (orthodontics)?** ---------- O No O Yes

CONSENT TO TREATMENT

I hereby grant permission to the Clinic personnel of the Ateneo de Manila High School Health Services to render my son any medical and/or dental treatment that they deem necessary as part of first aid treatment especially during but not limited to emergency cases. I understand that the Ateneo de Manila High School Health Services will make all possible effort to inform me in the event of such treatment in an emergency.

By signing below, I attest that the information contained herein is correct to the best of my knowledge and that I have read the CONSENT TO TREATMENT provision above, fully understand their terms, and sign below freely and voluntarily without any inducement. I further acknowledge that I am the parent or legal guardian of the student.

Parent / Legal Guardian Name (PRINT)	Parent / Legal Guardian SIGNATURE
Date: MM / DD / YYYY	Student's Signature Over Printed Name