

AJHS Student's Health Information Form – YEARLY UPDATE SY _____

To be accurately completed by Parents/Guardians and to be submitted
to the AJHS Health Services Office through the Class Moderator at the start of Classes.
All information will be kept confidential.

STUDENT INFORMATION

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

ID Number: _____ Cluster/Grade/ Sec: _____ Date of Birth: ____ / ____ / ____ Sex: _____ Age: _____

Home Address: _____ Home Number: _____
 _____ Mobile Number: _____

CONTACT INFORMATION

	MOTHER	FATHER	EMERGENCY CONTACT (If parents cannot be reached)		
Name			Name:	1. _____	2. _____
Address <small>(if different from above)</small>			Contact Number:	_____	_____
Home Number			MEDICAL CARE PROVIDER		DENTAL CARE PROVIDER
Work Number			Name:	_____	
Cellphone 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.)?

Yes If yes, please specify: _____

No

2. Do you have an ongoing medical condition (i.e. diabetes, heart disease, asthma, etc.)?

Yes If yes, please specify: _____

No

3. Have you had any medical illness or injury acquired in the past 12 months?

Yes If yes, please specify: _____

No

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

Name of Medicine(s)	Reason For Taking Medicine	Instructions on Intake
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. Have you had any surgical operations / accidents / or serious injuries in the past 12 months?

- Yes If yes, please specify: _____

- No

6. Have you been confined to a hospital in the past 12 months?

- Yes If yes, please specify: _____

- No

7. Have you been immunized or given any vaccination in the past 12 months? Use additional sheet if needed.

- Yes If yes, please specify: _____

- No

DENTAL HISTORY

1. Did you undergo any dental check-up or consultation in the past 12 months?

- Yes If yes, please specify: _____

- No

2. Did you undergo any dental treatment in the past 12 months?

- Yes If yes, please specify: _____

- No

EXPRESSION OF CONSENT

By signing below, I hereby:

1. grant permission to the physicians, dentist and staff 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.
2. give my consent to the University to process the personal data of my son for the purposes of attending to his health, safety, and security needs. This includes keeping a record of his medical history, current health conditions, and determining his or her fitness to engage in school activities. I understand that the data processing activities of the University are in accordance with its applicable privacy and data protection policies, as well as the Data Privacy Act of 2012, and other related laws.
3. attest that the information contained herein are correct to the best of my knowledge.

I have read and fully understand these terms, and I sign below freely and voluntarily as the parent or legal guardian of the student.

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Parent / Legal Guardian's SIGNATURE

Student's SIGNATURE

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Parent / Legal Guardian Name (in PRINT)

Student's Name (in PRINT)

Date: MM / DD / YYYY	
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