UNIVERSITY OF THE PHILIPPINES HEALTH SERVICE

J.P. Laurel Avenue, Diliman, Quezon City

HEALTH DECLARATION FORM FOR F2F STUDENTS ON-CAMPUS

NAME:	
SEX AT BIRTH:	
DATE OF BIRTH:	
BIRTHPLACE:	AGE:
CONTACT NO.:	
College:	
HOME ADDRESS:	
NAME OF PARENT/GUARDIAN/SPOUSE:	
ADDRESS:	
CONTACT NO.:	

MEDICAL HISTORY

Have you ever had, or do you have any of the following? Please answer YES or NO and give the details.

	YES/NO	Date/month and year	Latest follow up with the doctor
Allergy (Severe needing			
hospitalization)			
Anemia/ Blood Disorder			
Bronchial Asthma			
Cancer			
Diabetes Mellitus			
Heart Disease			
Hypertension			
Mental Health Issues			
Rheumatic Heart Disease			
Seizures			
Systemic Lupus Erythematosus			
Pulmonary Tuberculosis			
Stroke			

Describe any other important health-related information about you.
List all prescriptions and over-the-counter medications you are currently taking.
Do you have any immediate health concerns that you think may affect your studies? Please specify.
MENTAL HEALTH SCREENING RESULT
GAD-7 SCORE:
PHQ-9 SCORE:
REMARKS:
Name and Signature of Physician