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:

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Name and Signature of Physician