

## STUDENT HEALTH RECORD

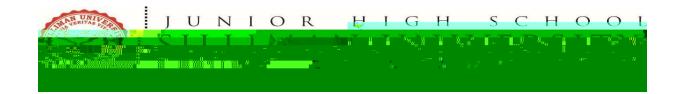
Dear Parents/Guardians,

Attached is the copy of the complete medical form. We would like to ask you to furnish us with data concerning your child/ward's past illnesses, immunizations, surgeries if any, and other health information that may be relevant to your child/ward's health.

We assure you that all in	formation obtained v	vill be treated with utmost co	nfidentiality.				
Thank you for your coop	peration.						
Sincerely,							
SUJHS School Nurses							
		DEMOGRAPHIC DATA					
Name:			Current Grade Level:				
Last	First	Middle					
Date of Birth:	D 11 1	Place of Birth:	y:				
Gender:	Religion:	Nationality	y:				
			Home Phone No.:				
Name of Parents:		Callahana Na	Office No.				
Father's Name:		Callabana No.:	Office No.:				
wiomer's Name:		Cemphone No.:	Office No.:				
Person to be Notified in	case of Emergency:						
	erson to be Notified in case of Emergency:  Name:  Contact No.:						
rvanic.		Contact 1	10				
List two neighbors or near	by relatives who will a	ssure temporary care of your ch	nild/ward if you be reached:				
			No.:				
Name:		Contact No.:					
			,				
		MEDICAL HISTORY	<u>-</u>				
		a, eye or ear problems, heart uld be aware of.	diseases, diabetes, epilepsy, or				
Note: If you have SPECI please do inform the sch		PLANS for your child/ward s	specific health condition,				

3. Is your child/ward receiving current or

2. **ALLERGIES:** Kindly list your child/ward's allergies. Include foods, drugs, plants, animals.



## IMMUNIZATION RECORD

1. Kindly check the appropriate boxes for the immunizations your child/ward has received.

VACCINE	YES	NO	VACCINE	YES	NO	
BCG			Chicken Pox			
OPV			Flu			
DPT			Hepatitis A			
Measles			Hepatitis B			
MMR			Pneumococcal			
COVID						
1st Dose			Others (Pls specify)			
2 <sup>nd</sup> Dose						
Booster			]			