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LORENZO RUIZ DE MANILA SCHOOL

Vista Verde Executive Village, Cainta, Rizal Trunk lines: 682-18-41/6821842

Website: www.lorenzoruiz.edu.ph

STUDENT'S MEDICAL HISTORY FORM

 Malaria Pulmonary Tuberculosis Typhoid 	zo Ruiz de Mani Grade/ Y Grade/ Y Grade/ Y Grade/ Y Grade/ Y Grade/ Y	Plac Occ Tel Occ Tel Occ Tel. s cannot b s cannot b rear : rear : rear : e "x" to in 13. Dia 14. Kid 15. Liv 16. Gas	e of Birth :upation: cupation: cupation: l. No.: be reached be l: Sec Sec sec ndicate answ	etion: tion: etion: etion: etion:		- -
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Father's Name: Business Address: Mother's Name: Business Address: • Person to be notified in case of emerge Name: Relationship to the student: Tel. No. • Brother's or sister's enrolled in Lorenz Name: Name: Name: Name: Name: Name: 1. MEDICAL HISTORY RECORD • Has the child suffered from any of the YI 1. Malaria 2. Pulmonary Tuberculosis 3. Typhoid 4. Colds	zo Ruiz de Mani Grade/ Y Grade/ Y Grade/ Y Grade/ Y Grade/ Y	OccTel. OccOccOccOccOccSel. Tel. Scannot be sel. Scannot be selled by sell scannot be selled by	upation: No: cupation: No.: be reached be l: Sec Sec Sec modicate answabetes lney Diseases ver Diseases	oy phone: ction: ction: ction:		<u>-</u>
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6. Bronchial Asthma 7. Influenza 8. Chicken Pox 9. Measles 10. German measles		18. Hea 19. He 20. Hei 21. And 22. EE 23. Inju 24. Open portant	art Disease rnia morrhoids emia/ Blood NT Diseasse uries/ Deformeration/ Othe	Dyspraxia es mities ers		
When we the shill be lest V man 9			Danile			
When was the child's last X-ray?Has the child ever been hospitalized?	() VEC		_ Kesuit () NO			
If so, state where and for what reason:			() NO			
if so, state where and for what reason.	•					
II. IMMUNIZATION PERIOD: VACCINATION: Date Given:	Meas MMF Typho	R oid V	1 2 	3 BO	OSTER	.S _ _
Hepa B	Chick	en Pox				-

Printed name/Relation to the student