UPHS FORM NO. 2
Revised 03/11/19

UP Student No. _____
College _____

UNIVERSITY OF THE PHILIPPINES
HEALTH SERVICE

PRE-ENROLLMENT HEALTH ASSESSMENT

A complete Medical History and Physical Examination is compulsory to complete your admission to the University of the Philippines (UP) and must be on file, on or before your registration. This is the **responsibility of the applicant** and not your physician. Please type or complete in ink. This form will be part of the Pre-Enrolment Medical files and will be treated with confidentiality. Prior ethics approval will be solicited, in the event that UP may use relevant data here for research purposes.

Important: Please bring accomplished form with you to the U.P. Health Service (UPHS), when you come for physical examination.

PLEASE KEEP THIS FORM NEAT AND CLEAN

A. Complete this form if you are enrolling during a regular semester and if you are:

1 A beginning undergraduate or a beginning graduate student
2 A transfer student from a regional campus or another school or university
3 A re-entry student (undergraduate or graduate) who has been out of UP, for at least one semester or less (but you were on leave for health reasons)
4 A graduate student employed under the classification of "Graduate Assistant" or "Graduate Instructor"

B. Completion of this form is not required if:

1 You are a foreign student sponsored by a government agency whose files provides a complete health record signed by a physician. A copy of the health record should be submitted in lieu of this form.
2 Enrolling for a Summer session only.

2x2 or passport-size ID photo taken within the last 3 months

☐ Allergic to: _____ Entrance Date to U.P. _____
☐ No known allergies

Please print

Last Name | First Name | Middle | Sex at Birth (SO)/Gender | Age

☐ Single ☐ Married ☐ Widowed ☐ Divorced

Date of Birth: _____ Place : _____

College/ School of Registration in the University of the Philippines : _____

☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior ☐ Graduate ☐ Special

Home Address : _____ Contact No. _____
No Street City Province Country

Address while in School: _____ Contact No. _____

Name of Parent/Guardian/Spouse: _____

Address: _____ Contact No. _____

Family History

Mother Living _____ (Age) If deceased, _____ (Age at death) Cause of death _____

Father Living _____ (Age) If deceased, _____ (Age at death) Cause of death _____

Among your blood relatives, is there a history of any of the following:

	Yes	No	Relationship		Yes	No	Relationship
Cancer				Diabetes			
Heart Disease				Mental Disorder/Problem			
High Blood Pressure				Asthma or Hay Fever			
Stroke				Convulsions/Neurologic Problems			
Tuberculosis				Bleeding Problems/Blood Disorders			
Kidney Disease				Digestive disturbances			
Arthritis/Rheumatism				Skin Disease			