

Biblical Seminary of the Philippines
 77-B Bible Street, Karuhatan Road, 1441 Valenzuela City, Philippines
 P.O. Box 11, 1469 Valenzuela City, Philippines

HEALTH RECORD AND EXAMINATION

To be filled out by Student

[] Single Social Security No. _____

[] Married Date (present) _____

Name _____

Address _____

Home Phone Number _____ Mobile Number _____

Birthplace _____ Age _____ Date of Birth _____

Family History

	Name	Alive	Present State of Health	Deceased	Cause of Death
Father					
Mother					
Brothers (number)					
Sisters (number)					
Spouse					
Children (number)					

Additional information

Have any members of your family or blood relatives ever had: (name relationship)

Tuberculosis _____ Heart Disease _____

Mental Disturbance _____ Kidney Disease _____

Cancer _____ Diabetes _____

Any chronic disease not mentioned _____

Personal

History of Injuries and/or Operations (give nature, year, and hospital)

History of previous illness: (give year on blank box beside)

Rheumatic Fever		Mumps		Asthma	
Appendicitis		Pneumonia		Malaria	
Tuberculosis		Allergy		Epilepsy	
Measles		Polio		Diabetes	

Additional information of acute illness _____

Mental Disturbance _____

Psychological counselling _____

General Appearance

Height _____ Weight usual _____ Weight Present _____

Skin _____ Eyes _____ Vision _____ Wear Glasses _____

Last refraction of eyes _____ Teeth _____

Last visit to dentist _____ Need Dental Work? _____

General Observations:

Can you eat a normal balanced diet? _____ If not, explain _____

In what sports do you regularly participate? _____

Physical Examination

To be completed by Doctor

Name of applicant _____ Date of Examination _____

Age _____ Date of Birth _____ Sex _____ Height _____ Weight _____

Blood Pressure _____ Pulse Rate _____

Normal	Check each item in appropriate column (enter NE if not evaluated)	Abnormal	Remarks
	1. Posture		
	2. Speech		
	3. Skin and Lymphatic		
	4. Nose and Sinuses		
	5. Ears and Hearing		
	6. Mouth, Throat and Tonsils		
	7. Teeth, Breath and Gums		
	8. Eyes		
	9. Heart		
	10. Lungs and Chest		
	11. Abdomen (including hernia)		
	12. Back, Spine and Joints		
	13. Geneto-urinary system		
	14. Endocrine System		
	15. Nutrition		
	16. Nervous System		
	17. Menstrual Cycle		
	18. Past Drug use (indicate nature)		
	19. Emotional Problems		

Allergic to any drugs _____

Operations _____

Haemoglobin _____ Blood serology required _____

Urinalysis - positive findings _____

Immunization Record: (give dates) _____

Typhoid _____ Polio _____ Diptheria _____ Tetanus _____

Chest X-Ray within 1 year _____ Results _____

or Tuberculin Test within 1 year _____ Results _____

Polio and Tetanus inoculation REQUIRED _____

Summary

In my opinion the applicant's physical condition is:

Excellent _____ Good _____ Fair _____ Poor _____

In my opinion the applicant's emotional stability is:

Excellent _____ Good _____ Fair _____ Poor _____

Recommended:

Signature of Physician: _____ M.D.

Name of Physician (type or Print) _____

Address of Physician _____