

UNIVERSITY OF THE PHILIPPINES MANILA

STUDENT HEALTH CHECKLIST

Name:	Age/Sex
College(Course):	

Medical Problems	Date Identified (Month/ Year)	Maintenance Medications if any (Include vitamins or supplements)

Family History: Check diseases present in family members & indicate relation to student		
<input type="checkbox"/> Hypertension	<input type="checkbox"/> Bronchial asthma	<input type="checkbox"/> Others: <i>please specify</i>
<input type="checkbox"/> Diabetes Mellitus	<input type="checkbox"/> Tuberculosis	
<input type="checkbox"/> Mental Illness	<input type="checkbox"/> Cancer: <i>please specify</i>	
Lifestyle Check: Check all that applies.		
Tobacco use	<input type="checkbox"/> never <input type="checkbox"/> used but stopped <input type="checkbox"/> currently using, <i>specify #sticks/day:</i>	
Alcohol intake	<input type="checkbox"/> never <input type="checkbox"/> occasional <input type="checkbox"/> periodic, <i>specify # & type of drinks/session:</i>	
Physical activity	<input type="checkbox"/> sedentary <input type="checkbox"/> regular exercise/ sports activity, <i>specify average # hours/week:</i>	

Vaccination History: Check all vaccines received	
	BCG
	Hepatitis B
	DPT,Polio,HIB
	Measles
	<input type="checkbox"/> Varicella
	<input type="checkbox"/> MMR

	Hepatitis A
	Flu
	<input type="checkbox"/> Others, <i>specify</i>

Have you consulted or treated for any mental health condition?