

UNIVERSITY OF THE PHILIPPINES MANILA

OFFICE OF THE UNIVERSITY OF REGISTRAR

PADRE FAURA CORNER MA. OROSA STS., ERMITA, MANILA CITY 1000

HEALTH DECLARATION

UPM-OUR-OP-01F11

The University of the Philippines is committed to comply with the Data Privacy Act of 2012 (DPA) in order to protect your right to data privacy.

STUDENT NUMBER										LAST NAME										GIVEN NAME										MIDDLE NAME										MAIDEN NAME (If Married)									
COLLEGE										DEGREE/PROGRAM										AGE										SEX										TELEPHONE/MOBILE NUMBER									

MEDICAL PROBLEMS															DATE IDENTIFIED (MMMM-YYYY)															MAINTENANCE MEDICATIONS IF ANY (INCLUDE VITAMINS AND SUPPLEMENTS)														

FAMILY HISTORY: CHECK DISEASES PRESENT IN FAMILY MEMBERS & INDICATE RELATION TO STUDENT

HYPERTENSION										BRONCHIAL ASTHMA										OTHERS (PLEASE SPECIFY):									
DIABETES MELLITUS										TUBERCULOSIS																			
MENTAL ILLNESS										CANCER (PLEASE SPECIFY):																			

LIFESTYLE CHECK: CHECK ALL THAT APPLIES

TABACCO USE					NEVER					USED BUT STOPPED					CURRENTLY USING, specify # sticks:				
ALCOHOL INTAKE					NEVER					OCCASIONAL					PERIODIC, SPECIFY # & OF DRINKS/SESSION:				
PHYSICAL ACTIVITY					SEDENTARY					REGULAR EXERCISE/SPORTS ACTIVITY, SPECIFY AVERAGE # OF HOURS/WEEKS:									

VACCINATION HISTORY: CHECK ALL VACCINES RECEIVED

BGC										HEPATITIS A									
DPT, POLIO, HIB										HEPATITIS B									
VARICELLA										MMR									
MEASLES										FLU									
OTHERS, SPECIFY																			

HAVE YOU CONSULTED OR TREATED FOR ANY MENTAL HEALTH CONDITION?

NO										YES									
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STUDENT ASSENT

I have read the University of the Philippines' Privacy Notice for Students.
I understand that for the UP System to carry out its Mandate under the 1987 Constitution, the UP Charter, and other laws, that the University must necessarily process my personal and sensitive personal information.
Therefore, I recognize the authority of the University of the Philippines to process my personal and sensitive personal information, pursuant to the UP-Privacy Notice and applicable laws.

SIGNATURE OF STUDENT/ PARENT OR GUARDIAN (if student is a minor)										DATE									
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