

JUBILEE CHRISTIAN ACADEMY  
[www.jca.edu.ph](http://www.jca.edu.ph)

25 Doña Hemady Ave. cor 3<sup>rd</sup> Street  
New Manila, Quezon City  
8-294 0853 to 55

1603-1607 E. Rodriguez Sr. Ave.  
Cubao, Quezon City  
3 416-7285; 8-294-0843 to 45

**Varsity Student Medical Health Update**  
SY 2020-2021

Name : \_\_\_\_\_ Level & Section : \_\_\_\_\_

Height in ft: \_\_\_\_\_ Weight in kg: \_\_\_\_\_

Name of Father / Guardian : \_\_\_\_\_ Contact Nos. : \_\_\_\_\_

Name of Mother / Guardian : \_\_\_\_\_ Contact Nos. : \_\_\_\_\_

Person (s) to contact in case of emergency: \_\_\_\_\_

Relationship with student : \_\_\_\_\_ Contact Nos.: \_\_\_\_\_

I. MEDICAL HISTORY Does the child suffer frequently from any of the following:

| DISEASE                 | YES | NO | DISEASE                                     | YES | NO | DISEASE                                   | YES | NO |
|-------------------------|-----|----|---|-----|----|---|-----|----|
| Allergy                 |     |    | Ear discharge or pain                       |     |    | Menstrual problems                        |     |    |
| Anemia                  |     |    | Easy Fatigability                           |     |    | Pneumonia                                 |     |    |
| Asthma                  |     |    | Epilepsy                                    |     |    | Psychomotor problem                       |     |    |
| Behavioral problem      |     |    | Fainting                                    |     |    | Recurrent indigestion / Vomiting / LBM    |     |    |
| Bleeding problem        |     |    | Fractures<br>Scoliosis                      |     |    | Skin Disorder                             |     |    |
| Chest Pain              |     |    | Headache / Migraine / Dizziness             |     |    | Speech problem                            |     |    |
| Convulsion              |     |    | Hearing problem ( decreased / loss hearing) |     |    | Surgery                                   |     |    |
| Dengue Fever            |     |    | Heart disease / Hypertension                |     |    | Tonsillitis / Colds / Cough / Pharyngitis |     |    |
| Diabetes                |     |    | Injuries                                    |     |    | Typhoid                                   |     |    |
| Difficulty of Breathing |     |    | Kidney disease / UTI                        |     |    | Visual problem                            |     |    |

If answer is YES, please give relevant details

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

II. OTHER INFORMATION

|  |                                       |
|--|---------------------------------------|
| Prescribed MEDICATIONS / Maintenance Medicines being taken | Allergic to the following MEDICINES : |
|  |                                       |

III. LABORATORY RESULTS TO BE ATTACHED

|  |                       |
|--|-----------------------|
| TEST                                     | SCHOOL YEAR 2020-2021 |
| CHEST XRAY                               | DATE:                 |
| ECG (as recommended by examining doctor) | DATE:                 |

PHYSICIAN’S SUMMARY RECOMMENDATIONS:

This is to certify that \_\_\_\_\_ is physically fit to participate in Varsity Training, Competition, and other related activities that are part of the School program.

Restrictions if any:

\_\_\_\_\_  
Physician’s signature over printed name / Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Contact Nos.

\_\_\_\_\_  
License No.

If your child has any health concern particular to your child, please inform the Principal at the earliest time and submit a Medical Certificate.

The School shall not be held liable for any health-related incident caused by unadvised health status of the student.

In the event that your child needs emergency medical treatment, the School shall inform the Parents / Guardians through the given contact numbers and / or bring him / her to St. Lukes E. Rodriguez Hospital or its equivalent institution or to the nearest hospital / medical facility.

\_\_\_\_\_  
Parent / Guardian’s signature over printed name / Date