JUBILEE CHRISTIAN ACADEMY www.jca.edu.ph

Doña Hemady Ave. cor. 4th St. New Manila, Quezon City 82940853 to 55

Office / Clinic Contact Numbers

1603-1607 E. Rodriguez Sr. Ave. Cubao, Quezon City 82940843 to 45 local 600 admissions@jca.edu.ph

MEDICAL HEALTH INFORMATION School Year 2024-2025

	Name :(English) Last N	lame	First Name	Mid	dle Name	(0	Chinese)	
l	evel Applied for:	Toddler Nursery		G2 G3	G4 G5	G6 G7	G8 G9	G10 G11
	Residence :							
Contact Numbers:Birth date :		Age:			Sex:			
Height:			Weight:					
I	Medical History:							
	Item Condition	AGE	DATE	ΚM	(/ DX		Hospi	tal / Clinic
	2.1 Medical (e.g.sight, hearing, speech)							
	2.2 Surgical							
	2.3 Allergies							
	2.4 Medication							
			9	Во	dose oster 1 oster 2		Booste	se er 1 er 2
	H. Influenza B		asles R 1	1 st	Hepatiti dose			
2	^{2nd} dose	IMIM	IR 2	2nd	dose _			
	Brd dose Booster		cken Pox 1 cken Pox 2	3rd	dose _			
(OPTIONAL:	Doo	umococcal		Othora	if		
	Typhoid1 Ist dose	Mer	ningococcal		Officis,			
4	^{2nd} dose Brd dose		erculin Test					
	^{2nd} dose ^{3rd} dose I hereby certify t	Flu Tub hat I ha	erculin Test ve examine	d persoi	nally	_		
	I have found him / vities and programs		ə pnysically f	ii 10 attei	na schoo	ona p	oarricipat	e in all its
	Remarks :							

License Number