GLOBAL RECIPROCAL COLLEGES
Office of the Student Affairs
COLLEGE CLINIC SERVICES

HEALTH INFORMATION FORM

PART I. STUDENT INFORMATION

Due to the Covid-19 pandemic, the physical examination and chest x-ray submission as part of the requirements for enrollment is deferred until further advice. However, students will be asked to comply with this form upon resumption of the regular face-to-face classes. Please fill out entries as legibly as possible. As this form will become an official document.

GRC Student No.: _____ Course/Major: _____
Name: _____
(Last Name) (First Name) (Middle Name)

Date of Birth: _____ Age: _____ Sex: _____
Contact No.: _____ Email Address: _____
Home Address: _____
Name of Parent/ Guardian/ Spouse: _____
Person to notify in case of emergency: _____ Contact Number: _____
PWD ID: YES_____ (pls. submit photocopy of PWD ID)

PART II. MEDICAL HISTORY

1. **Do you need medical attention or has known medical illness?** ***YES/NO:*** _____
   (Please check the following that apply and give more information as needed)

	✓	DETAILS		✓	DETAILS
ASTHMA			DIABETES		
CONVULSION/EPILEPSY			MIGRAINE		
LOSS OF CONSCIUSNESS			HIGH BLOOD PRESSURE		
HEART DISEASE			HYPERVENTILATION		
EYE DISEASE/DEFECT			KIDNEY DISEASE		
EAR DISEASE/DEFECT			HEMOPHILIA		
ACCIDENT INJURIES			COVID 19		
TUBERCULOSIS/ PRIMARY COMPLEX			MENTAL DISORDER/DEFECT		
OTHERS(Pls. Specify)					

2. **Additional Information for Students with Medical Conditions:**

a. *I would like to declare that I have history of allergies to the following:*
Food: _____ *No known allergies:* _____
Medicines: _____

b. Covid 19 Vaccine Please specify the date it was given:
Vaccine 1:_____Booster 1: _____
Vaccine 2:_____Booster 2: _____

c. Pregnant : YES _____NO: _____

I hereby state to the best of my knowledge, that the information provided on this form are complete and correct. By affixing my signature, I agree to the Data Privacy Act of 2012 and voluntarily giving my consent in the collection and processing of my personal information in accordance with, such as health assessment, treatment, and/or research for the improvement of healthcare services of GRC.

_____ _____ _____
Signature of Parent/Guardian (For Minor Students) Signature of Student Date