## ACADEMIA SAN IGNACIO DE LOYOLA STUDENT HEALTH HISTORY

Name			Grade	
Parent or Guardian				
Address				
Date of Birth			<b>c</b>	
In case of emergency notify			one	
Hoalth History (Chock & Spor	cifu)			
Health History (Check & Spec Diseases		Chronic or Recurring	Illnoss	
	Allergies High Fever	_		
Chicken pox	A - 1 l			
Measles German Measles		-	_	
	Drugs			
Mumps	Insecticides Food	Seizure Disorders		
			<del></del>	
			Dysmenorrhea	
Operations or serious injurie	s (Dates)			
Hospitalizations				
Other diseases or details of a	ibove			
Specific activities to he restri	 cted			
Date of Examination Heigth Weight		Heart Rate	 Respiratory Rate	
Appearance-Nutrition			Nespiratery nate	
Without Glasses:		With Glasses:		
Eyes R20/	L20/		L20/	
Ears Hearing	R	L		
		Abdomen		
Throat		Genitalia		
Teeth		Hernia		
Heart				
. ,				
Suggestions and/or commen	ts from physician			
I hereby certify that this pers	on is in satisfactory c	condition		
Print Dr.'s Name		Signature		
Address		Licence #	Licence #	