Republic of the Philippines
CAVITE STATE UNIVERSITY-CCAT
Cavite College of Arts and Trades Campus
Rosario, Cavite

2x2
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Personal Information Sheet (Identification Form)

*PLEASE WRITE LEGIBLY IN **"ALL CAPS"** USING **BLACK** OR **BLUE** BALLPEN ONLY*

LAST NAME

FIRST NAME

MIDDLE NAME

ADDRESS

BIRTHDATE (MM/DD/YYYY) **AGE** **SEX** **CIVIL STATUS** **COURSE**

HEIGHT **WEIGHT**

CONTACT PERSON IN CASE OF EMERGENCY

NAME

RELATIONSHIP

CONTACT NO. OF GUARDIAN

HEALTH HISTORY

YES	*NO*	
☐	☐	Any illness or injury in the last 2 years
☐	☐	Past Operations, hospitalization
		_____
☐	☐	Seizures/epilepsy; if yes, medication/s _____
☐	☐	Ear disorders, loss of hearing or balance, w/ hearing device
☐	☐	Heart disease, Heart attack or other CV condition
☐	☐	HPN, stroke or paralysis; if yes, medication/s _____
☐	☐	Lung disease, emphysema, asthma, COPD
☐	☐	Kidney disease, dialysis
☐	☐	Digestive problems
☐	☐	Diabetes or elevated blood sugar controlled by : ☐ Diet ☐ Pills ☐ Insulin
☐	☐	Heavy, moderate or occasional smoker
☐	☐	Heavy, moderate or occasional drinker
☐	☐	Allergy/ies _____

To be filled up by the University Health Services Personnel. Do not write anything beyond this line.

PATIENT NO.

ENCODER