JUBILEE CHRISTIAN ACADEMY
www.jca.edu.ph

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New Manila, Quezon City
82940853 to 55

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Cubao, Quezon City
82940843 to 45 local 600
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MEDICAL HEALTH INFORMATION
For SY 2025-2026

1. General Information

Name : _____
(English) Last Name First Name Middle Name (Chinese)

Level Applied for: ☐ Toddler ☐ Kinder ☐ G2 ☐ G4 ☐ G6 ☐ G8 ☐ G10
☐ Nursery ☐ G1 ☐ G3 ☐ G5 ☐ G7 ☐ G9 ☐ G11

Residence : _____
Contact Numbers:_____
Birth date : _____Age:_____ Sex: _____
Height: _____ Weight:_____

2. Medical History:

Item Condition	AGE	DATE	MX / DX	Hospital / Clinic
2.1 Medical (e.g.sight, hearing, speech)				
2.2 Surgical				
2.3 Allergies				
2.4 Medication				

3. Immunization: Please check the completed immunizations:
Primary:

☐ BCG

☐ Hepatitis B
1st dose _____
2nd dose _____
3rd dose _____
Booster _____

☐ DPT
1st dose _____
2nd dose _____
3rd dose _____
Booster 1_____
Booster 2_____

☐ OPV / IPV
1st dose _____
2nd dose _____
3rd dose _____
Booster 1_____
Booster 2_____

☐ H. Influenza B
1st dose _____
2nd dose_____
3rd dose _____
Booster _____

☐ Measles
☐ MMR 1 _____
☐ MMR 2 _____
☐ Chicken Pox 1
☐ Chicken Pox 2

☐ Hepatitis A
1st dose _____
2nd dose _____
3rd dose _____

OPTIONAL:
☐ Typhoid1
1st dose _____
2nd dose_____
3rd dose_____

☐ Pneumococcal
☐ Meningococcal A + C
☐ Flu
☐ Tuberculin Test

☐ Others, specify_____
_____
_____
_____

I hereby certify that I have examined personally _____ and I have found him / her to be physically fit to attend school and participate in all its regular activities and programs .

Remarks : _____

_____

_____ _____
Office / Clinic Address Physician's Signature Over Printed Name / Date

_____ _____
Office / Clinic Contact Numbers License Number