

**JUBILEE CHRISTIAN ACADEMY**  
www.homeschool.jca.edu.ph

Doña Hemady Ave. cor. 4th St.  
New Manila, Quezon City  
82940853 to 55  
homeschool@jca.edu.ph

1603-1607 E. Rodriguez Sr. Ave.  
Cubao, Quezon City  
82940843 to 45 local 600

**MEDICAL HEALTH INFORMATION**  
For SY 2025-2026

**1. General Information**

Name : \_\_\_\_\_  
(English) Last Name                      First Name                      Middle Name                      (Chinese )

Level Applied for:  Nursery  Kinder  G1  G2  G3  G4  G5

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:

<input type="checkbox"/> BCG	<input type="checkbox"/> Hepatitis B	<input type="checkbox"/> DPT	<input type="checkbox"/> OPV / IPV	<input type="checkbox"/> H. Influenza B
	1st dose _____	1st dose _____	1st dose _____	1st dose _____
	2nd dose _____	2nd dose _____	2nd dose _____	2nd dose _____
	3rd dose _____	3rd dose _____	3rd dose _____	3rd dose _____
	Booster _____	Booster 1 _____	Booster 1 _____	Booster _____
		Booster 2 _____	Booster 2 _____	

- Measles
- MMR 1 \_\_\_\_\_
- MMR 2 \_\_\_\_\_
- Chicken Pox 1
- Chicken Pox 2
- Hepatitis A
- 1st dose \_\_\_\_\_
- 2nd dose \_\_\_\_\_
- 3rd dose \_\_\_\_\_

OPTIONAL:

- Typhoid1
- Pneumococcal
- Others, specify \_\_\_\_\_
- 1st dose \_\_\_\_\_
- Meningococcal A + C \_\_\_\_\_
- 2nd dose \_\_\_\_\_
- Flu \_\_\_\_\_
- 3rd dose \_\_\_\_\_
- Tuberculin Test

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