



MARIA MONTESSORI FOUNDATION

Caimito Drive, Ayala Alabang Village
City of Muntinlupa

(To be filled up by Family Physician)

ANNUAL RENEWAL OF HEALTH EXAMINATION RECORD FOR SY _____ - _____

Name _____ Sex _____ Level Casa GS2
 GS 1 HS

Address _____ Tel. No. _____

Birthdate _____ Height _____ Weight _____ PR _____ BP _____

MEDICAL HISTORY UPDATE:

What new illness/accident/operation did the child have last year? _____

Specify such conditions and append pertinent data. _____

What serious illness which required hospitalization did the child have last year? _____

What new allergies did the child suffer last year? _____

What new vaccination did the child have last year? _____

What common medical complaints had the child had last year? _____

PHYSICAL ACTIVITIES:

A. Swimming classes for the whole year FIT () NOT FIT () Reason? _____

B. Other Strenuous Activities the child may not participate in: (please specify) _____

State reasons/conditions for not allowing the child to participate in such activities (must be supported by medical evidence as signed by a duly registered specialist) _____

Is the child covered by any medical or accident insurance? No () Yes () If Yes, please identify policy and coverage _____

Family Physician _____ License No. _____
(Please print name under signature)

Contact Address _____ Phone No. _____

Date of last physical check-up _____ Any new common ailment _____

Purpose of last medical consultation _____

In case of emergency, contact _____

Name of Parents/Guardian _____

Address _____ Tel. No. _____

Date filled up _____ Date received at MMF _____

Receiving Personnel _____