	ol Name <u></u> nistry of E	ducation,			lth Examina O.C. (Rev				tudent No.	-						
	Date of Entry	(yy)/(mm) /	Dept./	nstitute	0	Class	Number	1	Name							
	Date of Birth	(yy)/(mm)/(dd) / /) Blood Type		Sex		I.D. No.									
Contact Information	Permanent address															
	Mailing address	If different from above:									Attach photo					
	Emergency contact (Parents or guardian)	Relationship Name		Phone (home) Phor	ne (work)	Cell phone		ne No	e No.		here				
Health Information	Medical History Details of particular item/s or or matters requiring attention Please tick any of the following ailments you have had (<i>please add details for 13. to 18.</i>): Details of particular item/s or or matters requiring attention 1. None 7. Epilepsy 13. Psychological or mental illness: Details given in the attached 2. Tuberculosis 8. SLE (Lupus) 14. Cancer: Details given in the attached 3. Heart disease 9. Hemophilia 15. Thalassemia: 10. G6PD deficiency 4. Hepatitis 10. G6PD deficiency 16. Major surgery: 10. Major surgery:															
	□5. Asthma□6. Kidney dis															
	 ☐Holder of Catastrophic Illness Certificate - Category: ☐Holder of Physical/Mental Disability Manual - Category: ☐Level: ☐Very serious ☐Serious ☐Moderate ☐Mild If you are being treated for or recovering from any of the above or some other disease, please inform the medical personnel and also provide your medical records for the healthcare professionals' references. Family medical history: relative with hereditary disease Name of disease 															
Lifestyle	 How much weekends, a □ 0 ≥ 7 ho □ 3 I suffe How many (not includi) □ 2 Seldon During the point of summer or summer or summer or summer and heartbeat rational selection of the selecti	(Note for ③: please say how many glasses, 'one glass' means: 12. Bowel habits: During the past 7 days, how often did you defecate? □①At least once every day □②Once in 2 days □③Once in 3 days □④Once in 4 or more days □①No □②Often □③Every day,# quids per day # quids per day									you 2 ys <u>ig</u> the					

	1. In general, during the past month, would you say your health is DExcellent Devery good Sood Fair									
	□ \$ Poor									
	2. In general, during the past month, would you say your mental health is \Box Excellent \Box Very good \Box Good \Box Fa									
	□©Poor									
rated Health	3. How is your daily dietary intake of vegetables and fruits? under 2 vaggie & fruit 2-4 vaggie & fruit every day 5-9 vaggie & fruit every day									
Ηþ	4. How do you reduce your stress?foodsleepingtalk to someoneothers:									
rate	5. In general, what are your water intake habits? Inever water, only soft drink I more soft drink than water I more water									
	than soft drink only water									
Self	6. How many days do you exercise over 30 minutes per week, excluding PE class? 1-2 days 3-4 days 5-6 days ever day									
	7. What are your most concerns about health problems (e.g., constipation): 1 2 3									
	8. What are your most wishes for health promotion activities (e.g., walking): 1 2 3									
	* Do you currently have any health concerns? Please give details:									