

Republic of the Philippines JOSE RIZAL MEMORIAL STATE UNIVERSITY

REGISTRATION NO. 62Q17082

The Premier University in Zamboanga del Norte
Main Campus, Dapitan City

STUDENT HEALTH ASSESSMENT REQUEST FORM

(Board Resolution No. 40-2019)

	(Board Re	Solution No. 40-2019)
RMSU-C	CLI-001-A	
ame:		Date:
ge:	Sex:	Date of Birth :
hone/Cel	l No:	
	MARI	TIME STUDENTS
(Fi	rst Year, Transferees & Return	nees including those taking shipboard training)
	height) with the laborator	ating the baseline data (vital signs, weight & ry results on the following tests:
	Hepatitis B Screening	
	5:	
	Urinalysis	
	Complete Blood Count	
	Visual Acuity Color Blind	ness Test
	Audiometry test and Hea	ring Test
	SGPT	
	Psychological Test	
	Stool Examination	
	Dental Examination	
	Pregnancy Test (female	students taking shipboard training)
•		of 2012, I hereby give my consent that my sment could be utilized by the University for ch purposes.
(Signa	ture above Printed Name)	(Date Signed)



(Signature above Printed Name)

Republic of the Philippines JOSE RIZAL MEMORIAL STATE UNIVERSITY



(Date Signed)

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Main Campus, Dapitan City

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(Board Resolution No. 40-2019)

*******	-CLI-001-A	
ame:		Date:
ge:	Sex:	Date of Birth :
none/C	ell No:	
	MARI	TIME STUDENTS
(1	First Year, Transferees & Return	ees including those taking shipboard training)
	Medical Certificate indica	ating the baseline data (vital signs, weight &
	height) with the laborator	y results on the following tests:
	Chest X-ray	
	Hepatitis B Screening	
	Blood Type	
	Urinalysis	
	Complete Blood Count	
	Visual Acuity Color Blind	ness Test
	Audiometry test and Hea	ring Test
	SGPT	
	Psychological Test	
	Stool Examination	
	Dental Examination	
	Dragnanay Toot /famala	students taking shipboard training)



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	(Board Re	solution No. 40-2019)	
RMSU-CLI-0	01-A		
lame:		Date:	
.ge:	Sex:	Date of Birth :	
hone/Cell No:			
(First		MIDWIFERY STUDENTS rnees including those with the exposures)	nospital affiliation
	height) with the laborator Chest X-ray Hepatitis B Screening Blood Type Urinalysis with drug test Complete Blood Count Stool Examination Personality Test (Guidan	ating the baseline data (vital ry results on the following te nce Office) students with hospital affilia	ests:
personal inf		of 2012, I hereby give my co sment could be utilized by th ch purposes.	•
(Signature a	above Printed Name)		(Date Signed)



(Signature above Printed Name)

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(Date Signed)

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RMSU-	-CLI-001-A	
lame:		Date:
.ge:	Sex:	Date of Birth :
hone/C	ell No:	
		IG/MIDWIFERY STUDENTS Returnees including those with hospital affiliation
	(That Todi, Transferose a T	exposures)
	Medical Certificate in	dicating the baseline data (vital signs, weight &
	height) with the labo	ratory results on the following tests:
	Chest X-ray	
	Hepatitis B Screening	g
	Blood Type	
	Urinalysis with drug t	rest
	Complete Blood Cou	nt
	Stool Examination	
	Personality Test (Gu	idance Office)
	Pregnancy Test (fem	ale students with hospital affiliation exposures)
		Act of 2012, I hereby give my consent that my sessment could be utilized by the University for search purposes.



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(Board Resolution No. 40-2019)

	1		
RMSU-CLI-001-A			
lame:		Date:	
.ge: Sex:		Date of Birth:_	
Phone/Cell No:		<u> </u>	
	•	(EXCEPT MARITIME, NU	-
(First Year	, Transferees & Returr	nees including those takin	ng practicum/OJT)
hei	ght) with the laboratory est X-ray patitis B Screening od Type nalysis mplete Blood Count	ing the baseline data (vita results on the following to tudents taking practicum/	tests:
personal informa	•	f 2012, I hereby give my oment could be utilized by h purposes.	_
(Signature abov	e Printed Name)		(Date Signed)



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IRMSU-CLI-001-A	
lame:	Date:
.ge: Sex:	Date of Birth :
Phone/Cell No:	
	AMS (EXCEPT MARITIME, NURSING/MIDWIFERY) Returnees including those taking practicum/OJT)
height) with the labor Chest X-ray Hepatitis B Screening Blood Type Urinalysis Complete Blood Cou	
	Act of 2012, I hereby give my consent that my seessment could be utilized by the University for search purposes.
(Signature above Printed Name)	(Date Signed)



(Date Received)

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STUDENT HEALTH ASSESSMENT REQUEST FORM

(Board Resolution No. 40-2019)

Proof of Submission

	This is to acknowledge receipt of the	e medical certificate and laboratory
examination	results of(Name of Student)	(Course & Year Level)
(Date	Received)	
THE PARTY OF THE P	Republic of the Philipp JOSE RIZAL MEMORIAL STATE The Premier University in Zambo Main Campus, Dapitan	UNIVERSITY anga del Norte
S	TUDENT HEALTH ASSESSMEN (Board Resolution No. 4	•
	Proof of Submiss	ion
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examination re		(Course & Veer Level)
	(Name of Student)	(Course & Year Level)



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