Republic of the Philippines
JOSE RIZAL MEMORIAL STATE UNIVERSITY
The Premier University in Zamboanga del Norte
Main Campus, Dapitan City

Registration No. 62Q17082

STUDENT HEALTH ASSESSMENT REQUEST FORM

(Board Resolution No. 40-2019)

JRMSU-CLI-001-A

Name:_____ Date:_____

Age:_____ Sex: _____ Date of Birth : _____

Phone/Cell No: _____

MARITIME STUDENTS

(First Year, Transferees & Returnees including those taking shipboard training)

_____Medical Certificate indicating the baseline data (vital signs, weight & height) with the laboratory results on the following tests:
_____Chest X-ray
_____Hepatitis B Screening
_____Blood Type
_____Urinalysis
_____Complete Blood Count
_____Visual Acuity Color Blindness Test
_____Audiometry test and Hearing Test
_____SGPT
_____Psychological Test
_____Stool Examination
_____Dental Examination
_____Pregnancy Test (female students taking shipboard training)

Pursuant to Data Privacy Act of 2012, I hereby give my consent that my personal information on health assessment could be utilized by the University for academic, administrative, and research purposes.

_____ _____
(Signature above Printed Name) *(Date Signed)*

Republic of the Philippines
JOSE RIZAL MEMORIAL STATE UNIVERSITY
The Premier University in Zamboanga del Norte
Main Campus, Dapitan City

Registration No. 62Q17082

STUDENT HEALTH ASSESSMENT REQUEST FORM

(Board Resolution No. 40-2019)

JRMSU-CLI-001-A

Name:_____ Date:_____

Age:_____ Sex: _____ Date of Birth : _____

Phone/Cell No: _____

MARITIME STUDENTS

(First Year, Transferees & Returnees including those taking shipboard training)

_____Medical Certificate indicating the baseline data (vital signs, weight & height) with the laboratory results on the following tests:
_____Chest X-ray
_____Hepatitis B Screening
_____Blood Type
_____Urinalysis
_____Complete Blood Count
_____Visual Acuity Color Blindness Test
_____Audiometry test and Hearing Test
_____SGPT
_____Psychological Test
_____Stool Examination
_____Dental Examination
_____Pregnancy Test (female students taking shipboard training)

Pursuant to Data Privacy Act of 2012, I hereby give my consent that my personal information on health assessment could be utilized by the University for academic, administrative, and research purposes.

_____ _____
(Signature above Printed Name) *(Date Signed)*

Republic of the Philippines
JOSE RIZAL MEMORIAL STATE UNIVERSITY
The Premier University in Zamboanga del Norte
Main Campus, Dapitan City

Registration No. 62Q17082

STUDENT HEALTH ASSESSMENT REQUEST FORM

(Board Resolution No. 40-2019)

JRMSU-CLI-001-A

Name:_____ Date:_____

Age:_____ Sex: _____ Date of Birth : _____

Phone/Cell No: _____

NURSING/MIDWIFERY STUDENTS

(First Year, Transferees & Returnees including those with hospital affiliation exposures)

_____Medical Certificate indicating the baseline data (vital signs, weight & height) with the laboratory results on the following tests:
_____Chest X-ray
_____Hepatitis B Screening
_____Blood Type
_____Urinalysis with drug test
_____Complete Blood Count
_____Stool Examination
_____Personality Test (Guidance Office)
_____Pregnancy Test (female students with hospital affiliation exposures)

Pursuant to Data Privacy Act of 2012, I hereby give my consent that my personal information on health assessment could be utilized by the University for academic, administrative, and research purposes.

_____ _____
(Signature above Printed Name) *(Date Signed)*

Republic of the Philippines
JOSE RIZAL MEMORIAL STATE UNIVERSITY
The Premier University in Zamboanga del Norte
Main Campus, Dapitan City

Registration No. 62Q17082

STUDENT HEALTH ASSESSMENT REQUEST FORM

(Board Resolution No. 40-2019)

JRMSU-CLI-001-A

Name:_____ Date:_____

Age:_____ Sex: _____ Date of Birth : _____

Phone/Cell No: _____

NURSING/MIDWIFERY STUDENTS

(First Year, Transferees & Returnees including those with hospital affiliation exposures)

_____Medical Certificate indicating the baseline data (vital signs, weight & height) with the laboratory results on the following tests:
_____Chest X-ray
_____Hepatitis B Screening
_____Blood Type
_____Urinalysis with drug test
_____Complete Blood Count
_____Stool Examination
_____Personality Test (Guidance Office)
_____Pregnancy Test (female students with hospital affiliation exposures)

Pursuant to Data Privacy Act of 2012, I hereby give my consent that my personal information on health assessment could be utilized by the University for academic, administrative, and research purposes.

_____ _____
(Signature above Printed Name) *(Date Signed)*

Republic of the Philippines
JOSE RIZAL MEMORIAL STATE UNIVERSITY
The Premier University in Zamboanga del Norte
Main Campus, Dapitan City

Registration No. 62Q17082

STUDENT HEALTH ASSESSMENT REQUEST FORM

(Board Resolution No. 40-2019)

JRMSU-CLI-001-A

Name:_____ Date:_____

Age:_____ Sex: _____ Date of Birth : _____

Phone/Cell No: _____

STUDENTS ACROSS PROGRAMS (EXCEPT MARITIME, NURSING/MIDWIFERY)

(First Year, Transferees & Returnees including those taking practicum/OJT)

_____Medical Certificate indicating the baseline data (vital signs, weight & height) with the laboratory results on the following tests:
_____Chest X-ray
_____Hepatitis B Screening
_____Blood Type
_____Urinalysis
_____Complete Blood Count
_____Pregnancy Test (female students taking practicum/OJT)

Pursuant to Data Privacy Act of 2012, I hereby give my consent that my personal information on health assessment could be utilized by the University for academic, administrative, and research purposes.

_____ _____
(Signature above Printed Name) *(Date Signed)*

Republic of the Philippines
JOSE RIZAL MEMORIAL STATE UNIVERSITY
The Premier University in Zamboanga del Norte
Main Campus, Dapitan City

Registration No. 62Q17082

STUDENT HEALTH ASSESSMENT REQUEST FORM

(Board Resolution No. 40-2019)

JRMSU-CLI-001-A

Name:_____ Date:_____

Age:_____ Sex: _____ Date of Birth : _____

Phone/Cell No: _____

STUDENTS ACROSS PROGRAMS (EXCEPT MARITIME, NURSING/MIDWIFERY)

(First Year, Transferees & Returnees including those taking practicum/OJT)

_____Medical Certificate indicating the baseline data (vital signs, weight & height) with the laboratory results on the following tests:
_____Chest X-ray
_____Hepatitis B Screening
_____Blood Type
_____Urinalysis
_____Complete Blood Count
_____Pregnancy Test (female students taking practicum/OJT)

Pursuant to Data Privacy Act of 2012, I hereby give my consent that my personal information on health assessment could be utilized by the University for academic, administrative, and research purposes.

_____ _____
(Signature above Printed Name) *(Date Signed)*

Republic of the Philippines
JOSE RIZAL MEMORIAL STATE UNIVERSITY
The Premier University in Zamboanga del Norte
Main Campus, Dapitan City

Registration No. 62Q17082

STUDENT HEALTH ASSESSMENT REQUEST FORM

(Board Resolution No. 40-2019)

Proof of Submission

This is to acknowledge receipt of the medical certificate and laboratory examination results of _____, _____.
(Name of Student) *(Course & Year Level)*

_____ _____
(Date Received)

Republic of the Philippines
JOSE RIZAL MEMORIAL STATE UNIVERSITY
The Premier University in Zamboanga del Norte
Main Campus, Dapitan City

Registration No. 62Q17082

STUDENT HEALTH ASSESSMENT REQUEST FORM

(Board Resolution No. 40-2019)

Proof of Submission

This is to acknowledge receipt of the medical certificate and laboratory examination results of _____, _____.
(Name of Student) *(Course & Year Level)*

_____ _____
(Date Received)

Republic of the Philippines
JOSE RIZAL MEMORIAL STATE UNIVERSITY
The Premier University in Zamboanga del Norte
Main Campus, Dapitan City

Registration No. 62Q17082

STUDENT HEALTH ASSESSMENT REQUEST FORM

(Board Resolution No. 40-2019)

Proof of Submission

This is to acknowledge receipt of the medical certificate and laboratory examination results of _____, _____.
(Name of Student) *(Course & Year Level)*

_____ _____
(Date Received)

Republic of the Philippines
JOSE RIZAL MEMORIAL STATE UNIVERSITY
The Premier University in Zamboanga del Norte
Main Campus, Dapitan City

Registration No. 62Q17082

STUDENT HEALTH ASSESSMENT REQUEST FORM

(Board Resolution No. 40-2019)

Proof of Submission

This is to acknowledge receipt of the medical certificate and laboratory examination results of _____, _____.
(Name of Student) *(Course & Year Level)*

_____ _____
(Date Received)