

TEACHER'S HEALTH CARD

Date: _____
 Name: _____ Date of Birth: _____ Age: _____ Gender: M F
 School/District/Division: _____ Civil Status: S M W S
 Position/Designation: _____ Years in Service: _____
 First Year in Service: _____

Family History: (pls check)

	Y	N	
Hypertension	[]	[]	Specify Relationship _____
Cardiovascular Disease	[]	[]	_____
Diabetes Mellitus	[]	[]	_____
Kidney Disease	[]	[]	_____
Cancer	[]	[]	_____
Asthma	[]	[]	_____
Allergy (pls. specify) _____			_____

Other Remarks: _____

Past Medical History: (check)

	Y	N		Y	N
Hypertension	[]	[]	Tuberculosis	[]	[]
Asthma	[]	[]	Surgical Operations (pls. specify)	[]	[]
Diabetes Mellitus	[]	[]	Yellowish discoloration of skin/scler	[]	[]
Cardiovascular Disease	[]	[]	Last hospitalization (reason)	[]	[]
Allergy (pls. specify) _____			Others (pls. specify) _____		

	Date	Result		Date	Result
Last Taken			Drug Testing:		
CXR/Sputum Result:	_____	_____	Neuropsychiatric exam:	_____	_____
ECG	_____	_____	Blood Typing:	_____	_____
Urinalysis	_____	_____	Others: specify _____		

Social History

Smoking Y _____ N _____ Age started: _____ Sticks/packs per day: _____ Pack per year: _____
 Alcohol Y _____ N _____ How often: _____ Food preference: _____

OB Gyn History (pls. encircle) (Female Teachers)

Menarche: _____ Cycle _____ Duration _____
 Parity: _____ F _____ P _____ A _____ L _____
 Papsmear done: _____ Y _____ N _____ if YES, when: _____
 Self Breast examination done: _____ Y _____ N _____
 Mass noted: _____ Y _____ N _____ Specify where: _____
 For Male personnel: Digital rectal examination done: _____ Y _____ N _____ Date examined: _____
 Result: _____

Present Health Status (pls. check)

	Y	N		Y	N
Cough			2wks 1month longer		
Dizziness	[]	[]	Lumps	[]	[]
Dyspnea	[]	[]	Painful urination	[]	[]
Chest/Back pain	[]	[]	Poor/loss of hearing	[]	[]
Easy fatigability	[]	[]	Syncope/fainting	[]	[]
Joint/extremity pains	[]	[]	Convulsions	[]	[]
Blurring of vision	[]	[]	Malaria	[]	[]
Wearing eyeglasses	[]	[]	Goiter	[]	[]
Vaginal discharge/bleeding	[]	[]	Anemia	[]	[]
Dental Status: (pls. specify) _____			Others: (pls. specify) _____		
Present Medication taken: (pls. specify) _____					

Legend:	CXR - Chest X-ray	PTB - Pulmonary Tuberculosis
	EXG - Electro Cardio Gram	F - Full Term
	Y - Yes	P - Pre-mature
	N - No	A - Abortion
	HPN - Hypertension	L - Live Birth
	CVD - Cardio Vascular Disease	
	DM - Diabetes Mellitus	

Interviewed by: _____
 Date: _____