UNIVERSITY OF SANTO TOMAS
COLLEGE OF NURSING
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PRE AFFILIATION HEALTH REPORT

1. **School of Nursing** _____ **Address** _____
2. **Student** _____ **Date of Birth** _____
3. **Height** _____ **Present Weight** _____
   Has the student any marked change in weight within the last year? _____
   Please give known reason/s for such change _____
   _____

4. **Medical History of student**
   Mental or nervous instability or disorder _____
   _____
   Tuberculosis _____
   _____
   Other communicable disease (name – disease/s) _____
   _____
   Rheumatism or rheumatic fever _____
   _____
   Hay fever or other allergic reaction _____
   _____
   Disorders of the skin _____
   _____
   Operations _____
   _____
   Injuries _____
   _____

5. **Is the student subject to** *(tick what applies)*

☐ *Cold*	☐ *Dizziness*	☐ *Fatigue*
☐ *Constipation*	☐ *Emotional upsets*	☐ *Headaches*
☐ *Diarrhea*	☐ *Fainting*	☐ *Menstrual Disorder*
☐ *Epistaxis*	☐ *Others, pls. specify* _____	

6. **Does the student have any condition at present requiring medication or treatment?** _____
   If so, what is the treatment? _____
   Will it be necessary to continue the treatment during the affiliation? _____
   _____

7. **Number of days of illness since entering school of nursing to date** _____
   Cause of illness _____

8. **Chest X-Ray** *Date taken* _____ *Report* _____

Small Pox				
Typhoid				
Influenza				
CDT				

10. **Any usual manifestations of sensitivity to vaccines and serums** _____

    _____

11. **Has the student's reaction to tuberculin changed since she entered your school?**
    (Answer yes/no)
    a. from negative to positive _____ Date of change _____
    b. from positive to negative _____ Date of change _____
    In case the answer is "yes" to either A or B, please send copies of all chest x-ray reports taken since the change occurred.

12. **Medical Examination** Date: _____
    Condition of:
    Eyes: _____
    Ears: _____
    Adenoids and tonsils: _____
    Throat: _____
    Nose: _____
    Sinuses: _____
    Skin: _____
    Thyroid: _____
    Circulatory System: _____
    Chest: _____
    Extremities: _____

13. **Does the student have any habits which might affect her health adversely during period of affiliation?** _____

    _____

The health report given in this record indicates that the student is in _____ health.
There is no certain indications of her affiliation in _____ nursing.

Signature:

_____

Physician

_____ _____

Date **Health Nurse**