

UNIVERSITY OF PUERTO RICO
MAYAGUEZ CAMPUS
STUDENTS ADMINISTRATION
DEPARTMENT OF DE HEALTH SERVICES

PHOTO
2X2

HEALTH EVALUATION

NOTE: ONLY PARTICIPANTS/STUDENTS UNDER THE AGE OF 21 YEARS. THIS DOCUMENT CONTAINS CONFIDENTIAL MEDICAL INFORMATION AND MUST BE PROTECTED AND HANDLED BY AN AUTHORIZED PROFESSIONAL.

Part I (Must be completed by parents or guardian) (Please use black ink and block letters)

Name: _____ Group/Camp/Department: _____

Date of birth: month _____ day _____ year _____ Age _____ Sex: F _____ M _____

Fathers Name: _____ Mother Name: _____

Address: _____

Phone (____) _____ - _____ Job: (____) _____ - _____ Cellphone: (____) _____ - _____

In case of an emergency call: _____ Emergency call: (____) _____ - _____

Doctor or Pediatrician _____ Phone Number (____) _____ - _____

Medical Plan _____ Expiration Date _____

(Please include copy of the medical plan)

IN CASE OF EMERGENCY OR ACCIDENT I GIVE AUTHORIZATION AND CONSENT TO THE MEDICAL PERSONNEL OF THE DEPARTMENT OF MEDICAL SERVICES OF THE UNIVERSITY OF PUERTO RICO MAYAGUEZ CAMPUS TO OFFER MY CHILD / EMERGENCY SERVICE, OR TO TRANSFER OR TO BE REFERRED, IF NECESSARY TO A HOSPITAL FACILITY PROPERLY ACCREDITED BY THE DEPARTMENT OF HEALTH.

DATE

MOTHER OR FATHER SIGN

PART II Medical Information (To be completed by the doctor)

Weight _____ Height _____ Blood pressure _____ Pulse _____

	YES	NO
1. There is some condition that can be expected emergency, eat diabetes, epilepsy, dizziness, asthma, etc.		
2. Is there an emotional, mental, or physical condition that requires medical supervision?		
3. Are your immunizations up to date?		
4. Is there any reason to suspect health problems?		
5. There are some conditions that limit: Activities in the classroom, Physical Education, Athletic competitions?		
6. There is some condition of vision, hearing, language or movement for which you have to make access adjustments, schedule, diet or location?		
7. Allergy to: _____		

Comments: _____

Doctor sing

Doctors Phone

Doctors Full Name

Licenses number

Date