

PRECISE MED



CIM
CEBU INSTITUTE OF MEDICINE

Please follow Instructions:
All items must be filled out completely. Do not leave spaces blank.
Write N/A if it does not apply.
WRITE legibly in **BLACK ink** or **PRINT** using black ink.

For ADMISSIONS Committee Only:

School: _____ AMCAT: _____
Track: _____ GWA: _____
Honors: _____ INT: _____
Class Rank: _____

Composite Rank: _____

**RECENT PICTURE 2"X 2" SIZE
WITH NAME**

(Must be within past 3 months from
application. **DO NOT USE**
Graduation Picture)

NAME: _____
(Surname) (Given) (Middle Name)

Home Address: _____

Contact number: _____

Mailing Address: _____

Contact number: _____

Working E-mail address: _____ (please do not use an edu.ph email)

PERSONAL DATA:

Age: _____ Date of Birth: _____ Place of Birth: _____ Ht. (m): _____ Wt. (kg): _____ BMI: _____

Sex: (M/F) _____ Religion: _____ Citizenship (at birth) _____ Citizenship (now) _____

MEDICAL HISTORY: (Please list on the spaces provided any illness (physical/mental) or any physical disability)

Have you ever sought professional help for any mental distress or incapacity? Yes _____ No _____

Details if yes: _____

Allergies: _____ Medications (maintenance): _____

Contact person in case of emergency: _____ Contact number: _____

Relationship of contact person: _____

COVID 19 Vaccination History: YES: _____ NO: _____

SOCIAL HISTORY:

Do you have any current pending cases in court (Yes/No)? _____

Do you have any prior arrests of conviction or problems with the law (Yes/No)? _____

If yes to any of the above two questions, please specify: _____

Are you or have been a member of any fraternity/sorority or any similar organizations (Yes/No)? _____

If yes, give details: _____

Have you ever (or is still currently) been involved in volunteer/humanitarian organizations (Yes/No)? _____

If yes, give details: _____

Do you smoke (Yes/No)? _____ Do you drink alcohol (Yes/No)? _____ If Yes, specify amount/frequency _____

Affix signature here: _____



EDUCATIONAL BACKGROUND:

Level	School Attended	Location/Address	Inclusive Years Attended
Primary Grade 1-6			
Junior High Grade 7-10			
Senior High Grade 11-12			

Any awards earned during high school graduation: (Yes/No)_____, if yes, please specify below:

Academic Awards: _____

Special Awards: _____

Other than academic subjects and routine activities, what other activities are you most interested in, in a more than usual degree?

_____ School organizations	_____ Music: Vocal/Instrument	Others: _____
_____ Religious activities	_____ Theater Arts	_____
_____ Socio-civic action	_____ Dance/Ballet	_____
_____ Sports	_____ Creative writing	_____

FAMILY BACKGROUND:

Father's Name: _____

Mother's Name: _____

Occupation: _____

Occupation: _____

Address: _____

Address: _____

Contact No.: _____

Contact No.: _____

Parents marital state: (Check which of the following applies)

____ Living together ____ Separated ____ Divorced ____ Others (specify): _____

What is/are their source(s) of income?

_____ Salaries	_____ Business, please specify: _____
_____ Commissions	_____ Others not mentioned: _____
_____ Pension	

Who will finance your medical education?

_____ Self	_____ DOH/LGU	_____ Others: _____
_____ Parents	_____ Phil. Veterans benefit	_____
_____ Scholarship: _____	Approved: _____ Still processing: _____	Planning to apply: _____

Who will you assign as the legal sponsor (legal representative in case of claiming/filing of official records)?

(Name of Legal sponsor) _____

(Relationship to applicant) _____

Address of Legal Sponsor _____

Contact email address of Legal Sponsor _____

Contact number of Legal Sponsor: _____

Number of Siblings (including yourself): _____ Birth Rank: (x/no. of siblings) _____

List Siblings' Names According to Birth Rank	Highest Educational Attainment	Degree/Course

Affix signature here: _____



Do you have any siblings currently enrolled in CIM? YES ____ NO ____

If YES, please state his/her name and year level:

<u>NAME</u>	<u>YEAR LEVEL</u>	<u>NAME</u>	<u>YEAR LEVEL</u>
_____	_____	_____	_____

Do you have any relatives who are alumni in this institution? YES ____ NO ____

If YES, please state his/her name and their relationship to you:

<u>NAME</u>	<u>RELATIONSHIP</u>	<u>NAME</u>	<u>RELATIONSHIP</u>
_____	_____	_____	_____
_____	_____	_____	_____

What was the greatest influence in your decision to take up medicine as a career?

_____ Childhood dream	_____ Illness in family	Others: _____
_____ Advice of parents	_____ Prestige of profession	_____
_____ Inspired by family doctors	_____ Awareness of health needs	
_____ Advice of relatives/friends	_____ of community	

If you will push through studying here in Cebu City, where will you most likely stay?

_____ With parents	Others: _____
_____ With relatives	_____
_____ Apartment/condo	
_____ Boarding house/dormitory	

IMPORTANT STATEMENT ON DATA PRIVACY

Cebu Institute of Medicine cognizant of its duties and responsibilities pursuant to RA 10173 (Data Privacy Act of 2012), regards all data and information acquired herein as confidential and are processed in adherence to the general principles of transparency, legitimacy, and proportionality. All personal data obtained (electronic and physical) shall be processed and stored for a period of five (5) years under the Admissions Office of Cebu Institute of Medicine. The data is only accessible by the authorized members of the Admissions Office. All data in this form shall be used for the sole purpose of the admissions office and that contained within the application form shall be strictly confidential and that no third party can access nor utilize this data. Only the members of the Admissions Office shall have access to the physical as well as electronic files.

I understand that filling up this registration form, I will be submitting my personal/private data. I also agree that I willingly submit this data on the condition that the information given will be kept confidential. Furthermore, I consent that my information may be shared among the members of the Admissions Office of Cebu Institute of Medicine and that these data shall only be used for the purpose of my application and admission to the Cebu Institute of Medicine. In no way shall my personal information be shared to any third party outside of CIM Admissions Office for any reason aside from what is essential in my transaction with Cebu Institute of Medicine.

I also agree that filling up this form is not tantamount to being accepted as a First-Year student to CIM and that it is only a registration for the screening process of admission.

I hereby certify that the foregoing information provided is TRUE and ACCURATE to my knowledge. Any misrepresentation or falsification of information, and/or withholding of vital information may invalidate application. If proven that any entry was made with malicious intent, this may be considered as a ground for non-acceptance, or dismissal from the school if already enrolled.

Signature over printed name: _____

Date signed: _____

Affix signature here: _____

SCAN ME
TO UPLOAD
THIS FORM



**For ADMISSIONS
Committee Only:
Do not fill up.**

Accepted: _____
Regrets: _____



The members of the admissions committee would like to know you better.

Instructions: Please write **CONCISELY** about the following topics in essay form, and **ONLY** on the space provided for. **TYPE** using black color. Use Times Roman Font size 10. You may opt to **WRITE** legibly.

A. Describe your family dynamics.

B. Describe a situation in which you had a considerable responsibility. Give your reflection on this and your learnings from this situation.

C. Describe your strengths and weaknesses (both academic and personal in relation to your aspirations to becoming a physician.

PERSONAL:

ACADEMIC:

Affix signature here: _____



D. Please let the admissions committee know your reasons why you want to become a physician. What are your goals and aspirations and how do you plan to get to that goal?



Affix signature here: _____

