



LEMERY COLLEGES

A. Bonifacio, Bagong Sikat, Lemery, Batangas

MEDICAL HEALTH SERVICES

MEDICAL RECORD FORM

COURSE/SECTION

DATE OF EXAMINATION

_____ () Regular () Annual _____

PERSONAL DATA

Name: _____ Age: _____ Sex: _____ Civil Status: _____ Birth Date: _____

Address: _____

PHYSICAL EXAMINATION

Weight: _____ Height: _____ Blood Pressure: _____ Temperature: _____ Heart Rate: _____ per min.

Respiratory Rate: _____ per min. Vision: _____

MEDICAL HISTORY

Medical Consultants / Hospitalizations

() consulted any internist or surgeon for any condition in the past 5 years
() hospitalized and / or had any surgical operation

- | | |
|-------------------------|-------------------|
| () anemia | () heart disease |
| () high blood pressure | () liver disease |
| () allergy | () asthma |
| () chest pain | () tuberculosis |
| () diabetes | () liver disease |

Medical Exemptions

() had military deferment, rejection, or discharge due to any illness or injury
() was rejected or terminated for medical insurance

- | | |
|--------------------|--------------------------|
| () hernia | () cancer |
| () goiter | () persistent back pain |
| () migraine | () chronic sinusitis |
| () kidney disease | () congenital disorder |
| () skin disease | () smoking () drinking |

Normal	Findings
() skin	_____
() head / scalp	_____
() eye / external	_____
() nose	_____
() ears	_____
() neck / thyroid	_____
() mouth / throat	_____
() chest / breast	_____
Chest X-Ray	() Normal
Complete Blood Count	() Normal
Urinalysis	() Normal
Fecalysis	() Normal
Drug Test	() Normal
Hepatitis B (screening)	() Normal
Hepatitis A (screening)	() Normal
Electrocardiography (ECG)	() Normal
Pregnancy Test	() Normal

Normal	Findings
() heart	_____
() abdomen	_____
() back	_____
() anus/rectum	_____
() genital organs	_____
() extremities	_____
() dental	_____
() LMP	_____
() Findings	_____
() Findings	_____
() Findings	_____
() Findings	_____
() Findings	_____
() Findings	_____
() Findings	_____
() Findings	_____

CERTIFICATION

This is to certify that all information above stated are TRUE and CORRECT. And can be verified if necessary or require.

CLASSIFICATION:

- () CLASS A - Fit to work/study.
() CLASS B - Fit to work with minor ailment: _____
() CLASS C - May not be employed after final clearance / treatment of: _____
() CLASS D - May not be employed because of: _____
() PENDING: _____

DOCTOR'S RECOMMENDATIONS:

Signature Over Printed Name

Date

School Physician