

REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF EDUCATION
DIVISION OF ZAMBOANGA CITY
Zamboanga City

SCHOOL HEALTH EXAMINATION CARD

Name:

Amparado

Archie Arthur

Last

First

Middle

LRN
2132132112121

Date of Birth:

March

20

1999

Month

Day

Year

Birthplace:
zamboanga city 1

Parent/Guardian:
test 1

School ID:
cics-12345

Region:
IX

Division:
ZAMBOANGA CITY

Telephone No.:

Address

Test Location

	Grade 7	Grade 8	Grade 9	Grade 10	Grade 11	Grade 12
	Findings	Findings	Findings	Findings	Findings	Findings
Date of Examination						
Temperature/BP						
Heart Rate/ Pulse Rate/ Respiratory Rate						
Height (in cm)						
Weight (in kg)						
Nutritional Status (NS)(BMI/Wt-for-Age)						
Nutritional Status (NS)(Height/Wt-for-Age)						
Vision Screening using appropriate chart						
Auditory Screening (Tuning Fork)						

Skin/Scalp						
Eyes/Ears/Nose						
Mouth/Throat/Neck						
Lungs/Hearth						
Abdomen						
Deformities						
Iron Supplementation (Check list)						
Deworming (Check list)						
Immunization (Specify what kind)						
SBFP (Check list)						
4Ps Beneficiary (Check list)						
Menarche (Check list)						
Examined by:						

Legend:

Skin/Scalp	Eye/Ear/Nose	Mouth/Neck/Throat
a.Normal	a.Normal	a.Normal
b.Presence of lice	b.Style	b.Enlarged tonsils
c.Redness of skin	c.Eye Redness	c.Presence of lesions
d.White Spots	d.Ocular Misalignment	d.Inflamed pharynx
e.Fleaky Skin	e.Pale Conjunctiva	e.Enlraged Lymphnodes
f.Empetigo/boil	f.Ear discharge	f.Other, specify
g.Hematoma	g.Impacted cerumen	
h.Bruises/Injuries	h.Mucus discharge	
i.Itchness	i.Nose Bleeding(Epistaxis)	
j.Skin Lessions	j.Eye discharge	
k.Acne/Pimple<	k.Matted Eyelashes/td>	
	l.Other, specify	

Note: Letter to record ailment and Place X if not examined