

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

SCHOOL HEALTH EXAMINATION CARD

Name:

Amparado Last
Archie Arthur First
Moreno Middle

LRN
2132132112121

Date of Birth:
March Month
20 Day
1999 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	2/18/2023	2/19/2023				
Temperature/BP	37.5	37.5				
Heart Rate/ Pulse Rate/ Respiratory Rate	100/120/80/16	100/120/80/16				
Height (in cm)	166	168				
Weight (in kg)	72	77				
Nutritional Status (NS)(BMI/Wt-for-Age)	Normal Weight	Normal Weight				
Nutritional Status (NS)(Height/Wt-for-Age)	Normal Height	Normal Height				
Vision Screening using appropriate chart	Passed	Passed				
Auditory Screening (Tuning Fork)	Passed	Failed				
Skin/Scalp	Normal	Presence of Lice				

Eyes/Ears/Nose	Normal	Eye Redness				
Mouth/Throat/Neck	Normal	Enlarged tonsils				
Lungs/Hearth	Normal	Irregular heart rate				
Abdomen	Normal	Abdominal Pain				
Deformities	None	Congenital (Specify)				
Iron Supplementation (Check list)	X	<input checked="" type="checkbox"/>				
Deworming (Check list)	X	<input checked="" type="checkbox"/>				
Immunization (Specify what kind)	X	X				
SBFP (Check list)	X	<input checked="" type="checkbox"/>				
4Ps Beneficiary (Check list)	X	<input checked="" type="checkbox"/>				
Menarche (Check list)	X	<input checked="" type="checkbox"/>				
Examined by:	Ben Lahuddin	asdsadsadasdasdasdas				

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