

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	2/19/2023	2/19/2023	2/19/2023	2/19/2023
Temperature/BP	37.5	37.5	37.5	37.5	37.5	37.5
Heart Rate/ Pulse Rate/ Respiratory Rate	100/120/80/16	100/120/80/16	100/120/80/16	100/120/80/16	100/120/80/16	100/120/80/16
Height (in cm)	166	168	170	170	172	178
Weight (in kg)	72	77	75	78	80	85
Nutritional Status (NS)(BMI/Wt-for-Age)	Normal Weight	Normal Weight	Normal Weight	Severely Wasted/Underwieght	Normal Weight	Normal Weight
Nutritional Status (NS)(Height/Wt-for-Age)	Normal Height	Normal Height	Normal Height	Tall	Normal Height	Normal Height

Vision Screening using appropriate chart	Passed	Passed	Passed	Failed	Passed	Passed
Auditory Screening (Tuning Fork)	Passed	Failed	Passed	Passed	Passed	Passed
Skin/Scalp	Normal	Presence of Lice	Normal	Bruises/Injuries	Normal	Presence of Lice
Eyes/Ears/Nose	Normal	Eye Redness	Normal	Nose Bleeding (Epistaxis)	Normal	Eye Redness
Mouth/Throat/Neck	Normal	Enlarged tonsils	Normal	Enlarged lymphnodes<	Normal	Enlarged tonsils
Lungs/Hearth	Normal	Irregular heart rate	Normal	Irregular heart rate	Normal	Rales
Abdomen	Normal	Abdominal Pain	Normal	Abdominal Pain	Normal	Distended
Deformities	None	Congenital (Specify)	None	Congenital (Specify)	None	Aquired
Iron Supplementation (Check list)	X	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Deworming (Check list)	X	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Immunization (Specify what kind)	X	X	asdsadas	asdasd	asdasdsadas	asdasdsa
SBFP (Check list)	X	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
4Ps Beneficiary (Check list)	X	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Menarche (Check list)	X	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Examined by:	Ben Lahuddin	asdsadsadasdasdasdas	asdsadasdas	asdasdasdas	Arjhon H. Enriquez	Ricky Garcia

Legend:

Skin/Scalp	Eye/Ear/Nose	Mouth/Neck/Throat
a.Normal	a.Normal	a.Normal
b.Presence of lice	b.Stye	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