

Physical/Medical **Examination Report**

					PRE-EN	IPLOYM	ENT MEDIC	CALEX	AM					
Name		KAIBIG	AN		Age/Sex:	Male				Compa	ny:	MERFOLK		
Address		afadi	f		Civil Status:	Single				Date of	Exam:	00/0		
Contact Number	er													
I. MEDICAL HI														
I. WIEDICAL III	J.O.													
A. Present Sym	ptoms		а											
B. Past Medical	l History													
b. Fast Wieulcai		!-		v		0 5/5	u Disaudaus		v		17 15.	ar Diagona		N
	1. Tubercole	JSIS		Y			r Disorders		Υ			er Disease		
	2. Asthma			Υ		-	Throat Disor		N		18. Me			Y
3. Chickenpox N			N		11. Skin E	Disease		Υ		19. Sei	zure Disorde	rs	Υ	
4. Pneumonia Y				12. Cance	er or Tumor		Υ		20. He	adaches and	Migraine	N		
	5. Hyperten	sion		N		13. Musc	uloskeletal Di	is.	Υ		21. Me	ental Disorde	rs	N
	6. Heart Dis			Υ			itis/Ulcer		N			cually Transm		N
							•					•		Υ
7. Diabetes Mel						15. Typhoid/Paratyphoid			N		23. Genetic Disorders 24. Others			oth
	8. Thyroid D	isorders		N		16. Kidne	y Disease		Υ		24. Ot	ners		otn
C. Family Medi	cal History			b		_ " I certify tha	it all information I l	nave given	in my medic	al history is true and	that any f	alse statements		
D. Operations and Accidents		С				will disqualify me from my employmer								
E. Allergies		Y												
									,		_			
F. Personal/Soc	cial History			d		Smoker		Υ				F	Printed Name	and Signature
						Alcohol D	rinker	Υ						
I. PHYSICAL E	XAM													
A Hoight /fost	inchos)	130cn	n	DN41 /km/m²\	F0						Nor	mal	Finding	
A. Height (feet,	inches)			BMI (kg/m²)	59	-				Llood/C!-	1	mai		
B. Weight (lbs)		120		(kgs)		_				Head/Scalp			1	
C. Blood Pressu		sdfd		_						Eyes	1			
D. Pulse Rate (p	oer minute)	50		_						Ears	1			
. Hearing		Yes								Nose/Sinuses	1			
Ü				•						Mouth/Throat	1		,	
Vicual Acuity				w/o Classos		W// Glass	05	-		Neck/Thyroid	1			
. Visual Acuity				w/o Glasses		W/ Glasse	es	-			1			
			OD		OD			_		Chest/Breasts				
			OS		OS			_		Lungs	1			
	Far Vision			_						Heart	1			
	Near Vision									Abdomen	1			
										Back	1			
	Color Vision	Adequate, D	efective							Anus	1			
	-	Aucquate, B	CICCLIVE	-						Genitals	1			
	(Ishihara)													
										Extremities	1			
G. Dental	Upper	Right	876	54321		Left	123456	⁷ ⊔R		Skin	1			
	Lower	Right	8765	54321		Left	123456	^{7}LR		Dental	1			
H. OB/ Gyne Da	<u>ata</u>													
LMP	LL													
OB Score	a													
Interval	b													
Duration	<u>c</u>													
Dysmenorrhea	d													
II. LABORATO) DV													
A. COMPLETE BL		Results		Normal Values	-	B. URINA	LYSIS		Results		C. FECA	LYSIS		Results
JOHN LLIL BL		nesures		M: 140-180 g/L	-	Color					Color			
Hemoglobin		е		F:		Transpare	ncv				Consist	encv		
				. 120-160ø/I M: 0.41-0.53		pH	· icy				Pus Cel			
Hematocrit				F:			en vita				RBC /h			
				0.36-0.46		Specific Gr	avity							
RBC Count				M: 4.5-6.0 X10 ¹² /L F: 4.0-5.5		Sugar					Ova/Pa	เสราเศร		
				X10 ¹² /L		Albumin								
NDC Court						Bacteria								
NBC Count				5-10x10 ⁹ /L		WBC /hpf								
Differential cou	ınt:					RBC /hpf								
Neutrophils				0.43 - 0.73		Epithelial (Cells							
Lymphocyte		-		0.43 - 0.73		Mucous Th					Δ	7		
Eosonophils				-		Amorphou					\mathbb{Z}	_		
Monocytes	•			0.01 - 0.06 0.04 - 0.12		Casts	0.0.03			Δ7015 (Silva	MD, DPSP	PACITA	CABRAI, RMT
				-										
Basophils				0-0.01		Crystals	Tost					o. 94522		ed No. 19384
Platelet				150-450 x10 ⁹ /L		Pregnancy	iest			<u> </u>	Patholo		iviedic	al Technologist
V. CHEST X-R	AY								V. 1	ELECTROCARI	DIOGRA	APHY		
Case No.														
Result								Result	is:					
Remarks								Rema	rks:					

VI. CLASSIFICATION AND RECOMMENDATIONS

Classification Guide:

Class A Class B Class C Pending

Physically fit. No defects or illness noted.

Physically fit. With minor defects or ailments that will not affect work.

Not fit for employment.

Lacking in requirements.

