



HEALTH SERVICES DIVISION

STUDENT HEALTH RECORD

OR No.:

Date Issued:

COURSE:BSINFOTECH

INSTRUCTION:

Please fill up all blanks and provide necessary Information.

(Sagutin and lahat ng Patlang o talata na maaring bilugan)

NAME:

MONTAÑO

MARK ANTHONY

PLACIDO

SEX:

Male

LAST NAME

FIRST NAME

MIDDLE NAME

AGE:

22 years old

STATUS:

Single

BIRTH DATE:

06/26/2003

BIRTH PLACE

Gentle hands incorporated

PARENT`S NAME:

mario alberto montaño

HOME ADDRESS:

19 G. Donya Yayang St. Libis Quezon City

ADDRESS while in school (Boading House):

mario alberto montaño

GUARDIAN:

Mario alberto A.

CELLPHONE NO:

9666287280

IN CASE OF EMERGENCY Please contact:

GUARDIAN:

Mario alberto A.

RELATION:

F

ADDRESS:

CELLPHONE NO.:

9666287280

Informed Consent

I, MONTAÑO, MARK ANTHONY PLACIDO22 years old, acceot and understand that I am required to undergo a physical examination to determine my fitness and well-being as a student. I fully understand that the result will be held as confidential medical records and will be used by the University for my care and treatment. My health information cannot be relased to third person except with my consent or unless the disclosure of the infomation is required by law. I acknoledge that my records will be retained by the University for a period of 10 years from examination or health visit.

(Signature)

DENTAL INFORMATION (to be filed up by authorized personnel)

General Condition

☐ Good Hygiene

☐ Presence of Calcular deposits/Plaque

☐ Gingivitis

☐ Pyorrhetic

☐ Denture wearer up

☐ Denture wearer down

☐ With ortho braces up

☐ With ortho braces down

☐ Waring Hawley`s retainer

☐ Others

Medical History

☐ Diabetes

☐ Hypertension

☐ Allergies

☐ Heart Disease

☐ Epilepsy

☐ Mental Illness

☐ Clotting Disorder

Other Remarks

UPPER RIGHT									UPPER LEFT							
8	7	6	5	4	3	2	1	With Caries	1	2	3	4	5	6	7	8
8	7	6	5	4	3	2	1	Amalgam	1	2	3	4	5	6	7	8
8	7	6	5	4	3	2	1	Other Resto	1	2	3	4	5	6	7	8
								Mat								
8	7	6	5	4	3	2	1	Pontie	1	2	3	4	5	6	7	8
8	7	6	5	4	3	2	1	Missing	1	2	3	4	5	6	7	8
8	7	6	5	4	3	2	1	RF	1	2	3	4	5	6	7	8
8	7	6	5	4	3	2	1	Unerrupted	1	2	3	4	5	6	7	8
8	7	6	5	4	3	2	1	For exo	1	2	3	4	5	6	7	8
8	7	6	5	4	3	2	1	TF	1	2	3	4	5	6	7	8
8	7	6	5	4	3	2	1	Abutment	1	2	3	4	5	6	7	8
8	7	6	5	4	3	2	1	RCT	1	2	3	4	5	6	7	8
8	7	6	5	4	3	2	1	Impacted	1	2	3	4	5	6	7	8
LOWER RIGHT									LOWER LEFT							
8	7	6	5	4	3	2	1	With Caries	1	2	3	4	5	6	7	8
8	7	6	5	4	3	2	1	Amalgam	1	2	3	4	5	6	7	8
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8	7	6	5	4	3	2	1	Impacted	1	2	3	4	5	6	7	8

Republic of the Philippines

EULOGIO "AMANG" RODRIGUEZ INSTITUTE OF SCIENCE AND TECHNOLOGY

Nagtahan St, Sampaloc, Manila

PAST MEDICAL HISTORY:

Previous Illness: (May naging dating karamdaman o sakit)

- Convulsion/Epilepsy

Cough/Colds

Tuberculosis(TB)

Tonsillitis

Measles(Tigdas)

Chicken Pox(Bulutong)

Heart Problem/Fainting Attack (Sakit sa Puso)

Dengue Fever

Malaria

Pneumonia

Urinary tract infection

Typhoid Fever

Asthma(Hika)

Immunization: Paki check (/) ang mga natanggap ng bakuna.

- BCG

Hepa A

Typhoid Fever

Hepa B

DPT

MMR

Tetanus Toxoid

HIV

OPV

Influenza

- > Allergies: (Meron, Wala) Kung meron, Allergy Saan? Medications:
- > Previous Hospitalization/s: (OO, Hindi) Saan?
- > Operations/Operasyon: (Meron, Wala) Kung meron, Ano?
- > Accidents: (OO, Hindi) Ano?
- > Disabilities (Kapansanan)/Congenital Abnormalities (Merion, Wala) Ano?

PUBERTAL HISTORY:

MALE: (Pagbibinata)

- Age of onset (Edad):
- Genital Enlargement (Edad):
- Pubic Hair (Edad):

FEMALE: (Pagdadalaga)

- Age of Onset (Edad): Breast:
- Pubic Hair (Edad):
- Menarche (Edad ng unang dinatnan ng regla):
- LMP (Petsa ng huling regla):

FAMILY HISTORY: (Mga Sakit ng pamilya) Please check (/) Identify affected family member if possible.

- Hypertension

Cancer

Heart Disease

Mental Illness

Kidney Disease

Allergy
- Asthma

Others Illness

diabeties

- Father: mario alberto montaNo Age Education: Occupation house husband
- Mother: rolinda placido caluba Age Education: Occupation house keeper

Means of support if parents are deceased or unemployed

PHSICAL EXAMINATION:

- Weight (Timbang): kg
- Height (Tangkad): m
- Body Mass Index (BMI):
- Interpretation:
- Heart Rate: bpm
- Respiratory Rate: cpm
- O2 Saturation: % SPO2
- Blood Pressure: mmHg
- Vision Acuity:
- (with glasses):

Please check (/) if Normal. Describe the abnormal findings on the space below (Ipaliwanag ang abnormal)

- General Survey (Pangkalahatang anyo):
- Skin (Balat):
- Eyes (Mata):
- EENT (Mata,Taenga,Ilong,lalamunan):
- Neck (leeg):
- Heart (puso):
- Chest/Lungs (dibdib/baga):
- Abdomen (tiyan):
- Muskuloskeletal:
- Breast Examination:
- Genetalia: Male SMR: Penis:
- Female SMR: Breast:
- Vagina:

NUEROLOGICAL EXAMINATION

Describe Abnnormal Findings

- Mental Status:

Cranial Nerve:

Motor:

Sensory:

Cerebellar:

Relexes:

FINDINGS / ASSESSMENT / PSYCHOLOGICAL: (Problems Identified)

RECOMMENDATIONS: (Plan of management / Diagnostic Therapeutic / Referral)