



Republic of the Philippines
EULOGIO "AMANG" RODRIGUEZ INSTITUTE OF SCIENCE AND TECHNOLOGY
Nagtahan St, Sampaloc, Manila



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 (Boarding House): _____
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 PLACIDO 22 years old, accept 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 released to third person except with my consent or unless the disclosure of the information is required by law. I acknowledge 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	UPPER RIGHT								UPPER LEFT								
	8	7	6	5	4	3	2	1	With Caries	1	2	3	4	5	6	7	8
<input type="checkbox"/> Good Hygiene	8	7	6	5	4	3	2	1	Amalgam	1	2	3	4	5	6	7	8
<input type="checkbox"/> Presence of Calculus deposits/Plaque	8	7	6	5	4	3	2	1	Other Resto Mat	1	2	3	4	5	6	7	8
<input type="checkbox"/> Gingivitis	8	7	6	5	4	3	2	1	Pontie	1	2	3	4	5	6	7	8
<input type="checkbox"/> Pyorrhethic	8	7	6	5	4	3	2	1	Missing	1	2	3	4	5	6	7	8
<input type="checkbox"/> Denture wearer up	8	7	6	5	4	3	2	1	RF	1	2	3	4	5	6	7	8
<input type="checkbox"/> Denture wearer down	8	7	6	5	4	3	2	1	Unerupted	1	2	3	4	5	6	7	8
<input type="checkbox"/> With ortho braces up	8	7	6	5	4	3	2	1	For exo	1	2	3	4	5	6	7	8
<input type="checkbox"/> With ortho braces down	8	7	6	5	4	3	2	1	TF	1	2	3	4	5	6	7	8
<input type="checkbox"/> Waring Hawley's retainer	8	7	6	5	4	3	2	1	Abutment	1	2	3	4	5	6	7	8
<input type="checkbox"/> Others	8	7	6	5	4	3	2	1	RCT	1	2	3	4	5	6	7	8
	LOWER RIGHT								LOWER LEFT								
Medical History	8	7	6	5	4	3	2	1	With Caries	1	2	3	4	5	6	7	8
<input type="checkbox"/> Diabetes	8	7	6	5	4	3	2	1	Amalgam	1	2	3	4	5	6	7	8
<input type="checkbox"/> Hypertension	8	7	6	5	4	3	2	1	Other Resto Mat	1	2	3	4	5	6	7	8
<input type="checkbox"/> Allergies	8	7	6	5	4	3	2	1	Pontie	1	2	3	4	5	6	7	8
<input type="checkbox"/> Heart Disease	8	7	6	5	4	3	2	1	Missing	1	2	3	4	5	6	7	8
<input type="checkbox"/> Epilepsy	8	7	6	5	4	3	2	1	RF	1	2	3	4	5	6	7	8
<input type="checkbox"/> Mental Illness	8	7	6	5	4	3	2	1	Unerupted	1	2	3	4	5	6	7	8
<input type="checkbox"/> Clotting Disorder	8	7	6	5	4	3	2	1	For exo	1	2	3	4	5	6	7	8
Other Remarks	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

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PAST MEDICAL HISTORY:

Previous Illness: (May naging dating karamdaman o sakit)

- | | |
|--|--|
| <input type="checkbox"/> Convulsion/Epilepsy | <input type="checkbox"/> Dengue Fever |
| <input type="checkbox"/> Cough/Colds | <input type="checkbox"/> Malaria |
| <input type="checkbox"/> Tuberculosis(TB) | <input type="checkbox"/> Pneumonia |
| <input type="checkbox"/> Tonsillitis | <input type="checkbox"/> Urinary tract infection |
| <input type="checkbox"/> Measles(Tigdas) | <input type="checkbox"/> Typhoid Fever |
| <input type="checkbox"/> Chicken Pox(Bulutong) | <input type="checkbox"/> Asthma(Hika) |
| <input type="checkbox"/> Heart Problem/Fainting Attack (Sakit sa Puso) | |

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

- | | | | | | |
|---|---------------------------------|--|------------------------------------|------------------------------|------------------------------|
| <input type="checkbox"/> BCG | <input type="checkbox"/> Hepa A | <input type="checkbox"/> Typhoid Fever | <input type="checkbox"/> Hepa B | <input type="checkbox"/> DPT | <input type="checkbox"/> MMR |
| <input type="checkbox"/> Tetanus Toxoid | <input type="checkbox"/> HIV | <input type="checkbox"/> OPV | <input type="checkbox"/> 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.

- | | | | | | |
|---------------------------------------|--|--|---|---|----------------------------------|
| <input type="checkbox"/> Hypertension | <input type="checkbox"/> Cancer | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Mental Illness | <input type="checkbox"/> Kidney Disease | <input type="checkbox"/> Allergy |
| <input type="checkbox"/> Asthma | <input checked="" type="checkbox"/> Others Illness | <input type="checkbox"/> diabetes | | | |

Father: _____ mario alberto montaÑo _____ Age _____ Education: _____ Occupation: _____ house husband
Mother: _____ rolinda placido caluba _____ Age _____ Education: _____ Occupation: _____ house keeper

Means of support if parents are deceased or unemployed _____

PHYSICAL 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**)

- | | |
|--|---------------|
| <input type="checkbox"/> General Survey (Pangkalahatang anyo): | _____ |
| <input type="checkbox"/> Skin (Balat): | _____ |
| <input type="checkbox"/> Eyes (Mata): | _____ |
| <input type="checkbox"/> EENT (Mata,Taenga,Ilong,lalamunan): | _____ |
| <input type="checkbox"/> Neck (leeg): | _____ |
| <input type="checkbox"/> Heart (puso): | _____ |
| <input type="checkbox"/> Chest/Lungs (dibdib/baga): | _____ |
| <input type="checkbox"/> Abdomen (tiyan): | _____ |
| <input type="checkbox"/> Muskuloskeletal: | _____ |
| <input type="checkbox"/> Breast Examination: | _____ |
| <input type="checkbox"/> Genitalia: Male SMR: _____ | Penis: _____ |
| <input type="checkbox"/> Female SMR: _____ | Breast: _____ |
| | Vagina: _____ |

NEUROLOGICAL EXAMINATION

Describe Abnormal Findings

Mental Status: _____
 Cranial Nerve: _____
 Motor: _____

Sensory: _____
 Cerebellar: _____
 Reflexes: _____

FINDINGS / ASSESSMENT / PSYCHOLOGICAL: (Problems Identified)

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