



## SCHOOL MEDICAL RECORDS (SMR)

November – December 2024

<b>Course:</b>	bsit	<b>S.Y enrolled:</b>	2024-2025
<b>Student #:</b>	34465	<b>Present yr level:</b>	3rd year
<b>Name:</b>	German, Rendell B. (LN) (FN) (M.I)	<b>Birthdate:</b>	07/14/2004 (mm/dd/yy)
<b>Address:</b>	Mangatarem	<b>Age/Sex:</b>	20/Male
<b>Contact Number:</b>	123456789	<b>For emergency:</b>	911

### I. General check – up:

<b>Physician:</b> Kevin Joseph M. Eustaquio			PRC license: 0139185
<b>Vital sign:</b>	BP: 33	HR: 33	RR: 33
<b>Subjective:</b>			
<b>Past Hx:</b>	<input type="checkbox"/> Heart Disease	<b>Family Hx:</b>	<input type="checkbox"/> Hypertension
	<input type="checkbox"/> Asthma/Allergy/Skin		<input type="checkbox"/> Diabetes
	<input type="checkbox"/> Kidney disease		<input type="checkbox"/> Allergy
	<input type="checkbox"/> Diabetes/thyroid		<input type="checkbox"/> Cancer
	<input type="checkbox"/> Cancer		<input type="checkbox"/> Heart Disease
	Others/past hospitalizations/pregnancy:		Others:
<b>Physical examination:</b> (put check if unremarkable)	<input checked="" type="checkbox"/> General	<input checked="" type="checkbox"/> CVS	<input checked="" type="checkbox"/> Musculoskeletal
	<input checked="" type="checkbox"/> Neuro	<input checked="" type="checkbox"/> Respiratory	<input checked="" type="checkbox"/> Genitalia
	<input checked="" type="checkbox"/> Skin	<input checked="" type="checkbox"/> GIT	
	<input checked="" type="checkbox"/> EENT	<input checked="" type="checkbox"/> GUT	
	Other remarkable findings: N/A		
<b>Assesment:</b>	<input checked="" type="checkbox"/> fit of course	<input type="checkbox"/> unfit :	



## II. Blood Typing

Blood Type:	O+
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## III. Chest X-ray

Lungs/Pleural cavity:	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> W/ findings:
Heart/Mediastinum:	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> W/ findings:
Bones:	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> W/ findings:
IMPRESSION:		
<input checked="" type="checkbox"/> Unremarkable		W/ findings:

## IV. Basic Hearing Screening

<input checked="" type="checkbox"/> Normal hearing test
<input type="checkbox"/> For referral to further evaluate findings:

## V. Drug test

	Positive	Negative
THC		X
Methamphetamine		X
(x) unremarkable		( )for referral