



SCHOOL MEDICAL RECORDS (SMR)

November – December 2024

Course:	12121	S.Y enrolled:	
Student #:		Present yr level:	
Name:	(LN) (FN) (M.I)	Birthdate:	(mm/dd/yy)
Address:		Age/Sex:	
Contact Number:		For emergency:	

I. General check – up:

Physician: Kevin Joseph M. Eustaquio				PRC license: 0139185	
Vital sign:	BP:	HR:	RR:	O2 sat:	Temp:
Subjective:					
Past Hx:	<input type="checkbox"/> Heart Disease		Family Hx:	<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:	
Physical examination: (put check if unremarkable)	<input type="checkbox"/> General		<input type="checkbox"/> CVS		<input type="checkbox"/> Musculoskeletal
	<input type="checkbox"/> Neuro		<input type="checkbox"/> Respiratory		<input type="checkbox"/> Genitalia
	<input type="checkbox"/> Skin		<input type="checkbox"/> GIT		
	<input type="checkbox"/> EENT		<input type="checkbox"/> GUT		
	Other remarkable findings: N/A				
Assesment:	<input type="checkbox"/> fit of course		<input type="checkbox"/> unfit :		



II. Blood Typing

Blood Type:	
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III. Chest X-ray

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

IV. Basic Hearing Screening

<input 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		