



School Medical Records (SMR)

Date performed: {date_performed} November-December 2024

Course:	Click or tap here to enter text.		SY enrolled:	20__ - __
Student #:	7997987978977		Present yr level:	
Name:	Click or tap here to enter text. (Last) (First) (M.I.)		Birthdate: (d/m/y)	/ /
Address:			Age/Sex:	/
Contact Number	Click or tap here to enter text.	For emergency		

I. General Check-up

Physician: Kevin Joseph M. Eustaquio			PRC license: 0139185			
Vital signs:	BP: Click or tap here to enter text.	HR: Click or tap here to enter text.	RR: Click or tap here to enter text.	O2 sat: Click or tap here to enter text.	Temp: Click or tap here to enter text.	
Subjective:						
Past Hx		Heart disease	Family Hx		Hypertension	
		Asthma/allergy/ skin				Diabetes
		Kidney disease				Allergy
		Diabetes/thyroid				Cancer
		Cancer				Heart disease
		Others/ past hospitalization/ pregnancy:				Others:
Physical Examination: <i>(Put check if unremarkable)</i>		General	CVS		Musculoskeletal	
		Neuro	Respiratory		Genitalia	
		Skin	GIT			
		EENT	GUT			
		Other remarkable findings: N/A				
Assessment:	() Fit for course		() Unfit:			



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Philippine Association of Maritime Institution (PAMI)



		Reason: _____
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II. Blood Typing

Blood type	Click or tap here to enter text.
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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		<input type="checkbox"/> W/ findings: _____

IV. Basic Hearing Screening

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

V. Drug test

	Positive	Negative
THC		<input checked="" type="checkbox"/>
Methamphetamine		<input checked="" type="checkbox"/>
(x) Unremarkable	<input checked="" type="checkbox"/>	<input type="checkbox"/> For referral