



SCHOOL MEDICAL RECORDS (SMR)

November – December 2024

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

I. General check – up:

Physician:	Kevin Joseph M. Eustaquio	PRC license:	0139185		
Vital sign:	BP: 33	HR: 33	RR: 33	O2 sat: 33	Temp: 36.6
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 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				
Assesment:	<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		