



SCHOOL MEDICAL RECORDS (SMR)

November – December 2024

Course:			S.Y enrolled:		
Student #:				Present yr level:	
Name:	(LN)	(FN)	(M.I)	Birthdate:	
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 <input type="checkbox"/> Asthma/Allergy/Skin <input type="checkbox"/> Kidney disease <input type="checkbox"/> Diabetes/thyroid <input type="checkbox"/> Cancer		Family Hx:	<input type="checkbox"/> Hypertension <input type="checkbox"/> Diabetes <input type="checkbox"/> Allergy <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"/> Neuro <input type="checkbox"/> Skin <input type="checkbox"/> EENT		<input type="checkbox"/> CVS <input type="checkbox"/> Respiratory <input type="checkbox"/> GIT <input type="checkbox"/> GUT		<input type="checkbox"/> Musculoskeletal <input type="checkbox"/> Genitalia		
		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		
<input type="checkbox"/> 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