

Republic of the Philippines Laguna State Polytechnic University Province of Laguna

MEDICAL RECORDS

Surname			Given name	Middle Name				
Age	Sex	Status	Date of Birth (MM-DD-YYYY)	ered (if applicable)				
Current Addre	!SS	1			<u>I</u>	Tell/Cell No.		
Mother's nam	е		Father's name	Guardian's	name (if applicable)		
Name of Cont	ract Person in	CASE OF EM	ERGENCY (REQUIRED)	Relationship	0	Contact No. (Required		
				1				
l,			y ascertain that I have willingly sh			ontained within this		
Medical Rep	ort and that t	this informati	on is TRUE and CORRECT to the b	est of my know	rledge.			
		Printed Full nar	me and signature	Date	•			
INSTRUCTION	IS: Pls. chec	k all that ap	ply and provide details.					
I.PAST MEDIC	CAL AND DEI	NTAL HISTO	RY					
☐ Previ	ous/ present	t KNOWN illı	ness	Present im	munization (ex. F	lu, Hepa B. etc)		
☐ Past h	nospitalizatio	ons/ confine	ment	currently to	aking medicine/ vitamins			
☐ Know	n allergies t	o food or me	edicine	Dental prol	blems (ex. Gingivitis, etc)			
Childl	nood immur	nization			Physician (name, specialty, clinic late of last check-up/follow-up :)			
								
II.FAMILY M	EDICAL HIST	TORY						
Allergy_				Cancer				
Asthma/"	'hika"			Liver disease	er disease			
☐ Tuberculo	osis/TB				adder disease			
Hyperten	sion/"high blo	ood"		→ Blood disord	ler			
Heart dis	ease/"sakit sa	puso"		Epilepsy				
☐ Stroke					rder			
				Others		<u></u>		
III.PERSON	AL AND SO	CIAL HISTOR	Υ					
1. Alcohol i	ntake: 🔲 Yes_			No				
2. Tobacco	use:			☐ No				
3. Illicit dru	g use: 🗌 Yes_			No				

4. For FEMALES :											
a. Menst	trual Period										
	Date of first day o	of Last	t menstrual	l period (MM-DI	D-YYYY):						
	Regular	-	_	. po o . (
	Duration:		_	eks							
	No. of pads/da										
b. Histor	y of dysmenorrh	-									
c. If YES, how severe is your dysmenorrheal?											
•	of last check-up v	•									
	y of excessive/ al										
				□No							
f. Previo	us pregnancy?	Yes (number, no	ormal/ C-section	n, home/hos	pital, e	etc.)				
		No					,				
g. Childr	en? 🔲 Yes (how	v man	y?)								
g. Children?											
		S	TUDENT FI	LL UP FORM UN	TIL HERE ON	ILY					
IV. PHYSICAL EX	KAMINATION										
Heigh (m)	Weight (w)	ВМІ	(kg/m2)	BP (bpm)	HR (bpm)		RR (cpm)	Temp (C)			
			1			1					
				Normal							
Gen. Appearan											
Head and Neck											
Chest and Back											
Abdomen											
Extremities											
Others											
_	: RESULTS : (Pls. ir ay:			•							
VII. PLAN: Diagnostics: Home Medica	tion:			_	Advice:						
	Home Medication: F-f(Date): Medical Certificate issued										
Home Instruct	ions:				_						
Recommendatio	n:	rk	te in Sports	☐ Fit to Wo	rk but requi	res fur	rther evaluation ther evaluation out requires fur				
Physician's Nam		_									

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