



STUDENT MEDICAL CHECK UP

Name : _____ Height : _____
Class : _____ Weight : _____
Age : _____ Blood Type : _____



A. Head Circumference : _____

B. Hair Condition : ☐ Normal ☐ Oily
☐ Dry ☐ Other : _____

C. Eye Examination :

Visual Acuity (OD - Right Eye) : _____ / 6

Visual Acuity (OS - Left Eye) : _____ / 6

Color Blindness Test : ☐ Normal ☐ Abnormal

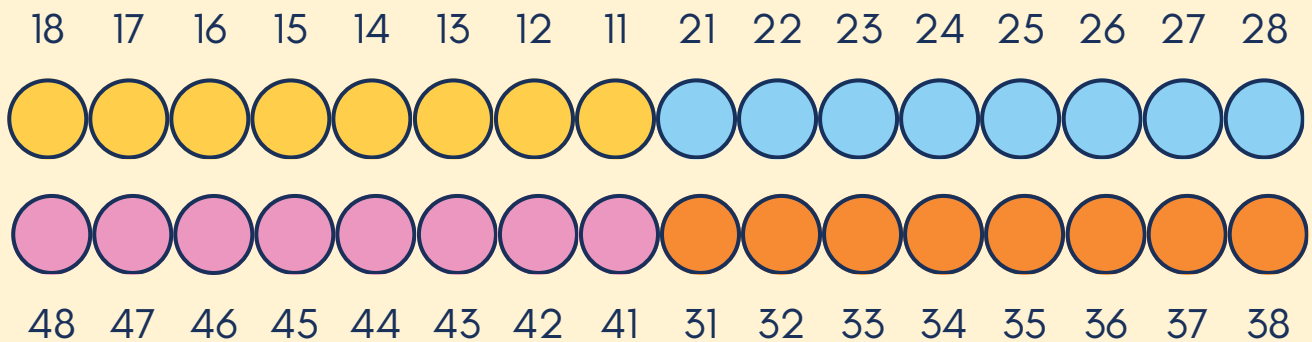
D. Ear Examination :

Cerumen (Ear Wax) : ☐ - (Negative / None)
☐ + (Positive / Minimal)
☐ ++ (Excessive / Impacted)

E. Nose Condition : ☐ Normal ☐ Nasal Discharge
☐ Deviated Septum ☐ Blockage
☐ Other : _____ (Left/Right/Both)

F. Lips : ☐ Normal ☐ Pale
☐ Dry ☐ Angular Chelitis (sores at corners)

G. Teeth & Gums :



Indicator : N - Normal G - Gingivitis (Bleeding Gums)
 Mark on the C - Cavity P - Plaque Accumulation
 diagram below. M - Missing O - Malocclusion
 F - Filling

H. Tonsils :

☐ Normal (Grade 0/I) ☐ Significantly Enlarged (Grade III/IV)
☐ Enlarged (Grade II) ☐ With Exudate (White Patches)
☐ Inflamed/Reds



A. Neck Examination : ☐ Normal ☐ Lymphadenopathy
☐ Goiter ☐ Other : _____

B. Stomach (Abdomen) :

☐ Normal, Soft, Non-tender ☐ Mass Palpable
☐ Tenderness ☐ Other : _____
☐ Distension

C. Chest Examination :

Lungs (Auscultation) : ☐ Clear ☐ Crackles (Rales)
☐ Wheezing ☐ Other : _____
☐ Diminished Breath Sounds

Heart (Auscultation) : ☐ Normal ☐ Tachycardia (Fast)
☐ Murmur ☐ Other : _____
☐ Bradycardia (Slow)

D. Nails Examination : ☐ Normal ☐ Koilonychia
☐ Pallor (Pale) ☐ Poor Hygiene
☐ Clubbing ☐ Other : _____

E. Skin Examination : ☐ Normal ☐ Bruises/Ecchymosis
☐ Dry ☐ Scabies
☐ Rashes ☐ Other : _____

Additional Notes & Recommendations

Mrs. Phyllis Schwaiger
Homeroom Teacher

(Signature)

Dr. Pedro Fernandes
Doctor

(Signature)

Date: