



POLYTECHNIC UNIVERSITY OF THE PHILIPPINES
Medical Services Department
Sta. Mesa, Manila

ACCOMPLISHMENT REPORT
AS OF MONTH-YEAR

NAME: (CLINIC PHYSICIAN)
POSITION: (Medical Officer)

Date of Submission:
Unit / Department: (Campus)

MEDICAL SERVICES RENDERED	STUDENT S	FACULTY Y	ADMIN .	DEPENDENT S	REMARK S
I.) CONS. / TREATMENT					
A. Respiratory Disorder					A
a.					S-
b.					F –
c					A –
d.					<u>D -</u>
B. GI DISORDERS					B.
a.					S-
b.					F –
c.					A –
d.					<u>D -</u>
e.					
C. MUSC-SKELETAL DIS.					C.
a.					S-
b.					F –
c.					A –
d.					<u>D -</u>
e.					
D. BP MONITORING					D.
BP Checked					S-
					F –
					A –
					<u>D -</u>
E. CARDIOVASCULAR DISORDERS					E.
a.					S-
b.					F –
					A –
					<u>D -</u>
F. CNS DISORDERS					F.
a.					S-
b.					F –
c.					A –
d.					<u>D -</u>
G. IMMUNE SYSTEM DISORDERS					G.
a.					S-
b.					F –
c.					A –
d.					<u>D -</u>
e.					
f.					

Ground Floor, East Wing, PUP A. Mabini Campus, Anonas Street, Sta. Mesa, Manila 1016
Trunk Line: 335-1787 or 335-1777 local 385 (Medical Director's Office), 312 (Clinic)
Website: www.pup.edu.ph | Email: medical@pup.edu.ph

THE COUNTRY'S 1st POLYTECHNICU



ISO 9001:2015 CERTIFIED
CERTIFICATE NUMBER: SCP000413Q

MEDICAL SERVICES RENDERED	STUDENTS	FACULTY	ADMIN.	DEPENDENTS	REMARKS
H. DERMA DISORDERS					H.
a.					S-
b.					F –
c.					A –
d.					<u>D -</u>
e.					
I. SURGERY / TRAUMA					I.
a. Wounds					S-
- Lacerated wound					F –
-Punctured Wound					A –
-Incised Wound					<u>D -</u>
-Infected Wound					
-Avulsed Wound					
-Abrasion					
b.					
d.					
e.					
f.					
g.					
J. EENT DISORDERS					J.
a.					S -
b.					F -
c.					A-
d.					<u>D -</u>
e.					
K. REPRODUCTIVE DISORDERS					K.
a.					S-
b.					F –
c.					A –
					<u>D -</u>
L. NUTRITIONAL DEFICIENCY					L.
M. ENDOCRINE DISORDERS					M.
a.					S-
					F –
					A –
					<u>D -</u>
N. URINARY DISORDERS					N.
II.) A. MEDICAL CERTIFICATE					II.
a.					S –
b.					F –
c.					A -
d.					<u>D -</u>
e.					
g.					
h.					
III.) INJECTIONS					III.
a.					S –
b.					F –
c.					A -
					<u>D -</u>
IV.) REFERRALS					
A. Ref. to Hospital w/o Nurse					IV. A

a.					S-
b.					F –
c.					A –
d.					<u>D -</u>
e.					
B. Ref. to Hospital w/ Nurse					B.
a.					S-
b.					F –
c.					A –
d.					<u>D -</u>
e.					
V.) OTHERS					V.
a.					S-
b.					F –
c.					A –
d.					<u>D -</u>
e.					
f.					
VI.) ON-LINE CONSULTATION					VI.
A. CONSULTATION					
a.					S-
b.					F -
c.					A -
d.					<u>D -</u>
e.					

B. MEDICAL CLEARANCE					
a.					
C. OTHERS					
a.					
b.					
c.					
d.					
e.					
VII.) TRIAGE SURVEY					VII.
					S
					F –
					A –
					<u>D –</u>
VIII.) BULLETIN UPDATES					
TOTAL					

GAD	Students	Faculty	Admin.	Dependent	Total
<i>Female</i>					
<i>Male</i>					
<i>PWD</i>					
<i>Senior Citizen</i>					

Prepared by:

Noted by:

Public Health Nurse

Clinic Physician

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