

# SOUTHWESTERN UNIVERSITY

## PHINMA UNIVERSITY CLINIC PHYSICAL EXAMINATION REPORT

PE NO: \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Address: \_\_\_\_\_ Department/College: \_\_\_\_\_ Section: \_\_\_\_\_

Phone/Contact Number: \_\_\_\_\_ Phinma Email: \_\_\_\_\_

### Vital Signs:

Blood Pressure: \_\_\_\_\_ mmHg

Pulse Rate: \_\_\_\_\_ bpm

Respiratory: \_\_\_\_\_ cpm

Temperature: \_\_\_\_\_ °C

SpO2: \_\_\_\_\_ %

### HEENT:

Cardiovascular: \_\_\_\_\_ Within Normal Limits

Gastro-Intestinal: \_\_\_\_\_ Within Normal Limits

Genitor-Urinary: \_\_\_\_\_ Within Normal Limits

Skin/Extremities: \_\_\_\_\_ Within Normal Limits

### Remarks:

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Approved by:

