

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:

Approved by:

IANNE JIREHN RAMOS-CAÑIZARES, MD, FPCP

University Physician

PRC License #: 0128061

