

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/Heart Rate: _____ bpm

Respiratory Rate: _____ cpm

Temperature: _____ °C

SpO2: _____ %

HEENT:

Cardiovascular: _____ Within Normal Limits

Gastro-intestinal: _____ Within Normal Limits

Genito-Urinary: _____ Within Normal Limits

Skin/Exterimities: _____ Within Normal Limits

Remarks:

Approved by:

IANNE JIREHN RAMOS-CAÑIZARES, MD, FPCP

University Physician

PRC License #: 0128061

