



University of Santo Tomas
Office for Student Affairs

MEDICAL EXAMINATION REPORT

PERSONAL DATA

Name: Krisza Marie D. Tanaleon Student Number: 2012042891
Date of Birth: 04/19/1996 Age: 18 Sex: ☐ M ☒ F Contact No/s: 09177245421 / 414-3206

PERTINENT HISTORY (to be filled up by student)

Any history of previous hospitalizations or surgical operations?

☒ NO ☐ YES Please Specify*: _____

Any history of accidents/injuries?

☒ NO ☐ YES Please Specify*: _____

Any history of mental or psychological problem?

☒ NO ☐ YES Please Specify*: _____

Any history of allergies/asthma?

☒ NO ☐ YES Please Specify*: _____

Any recent or current medical problem?

☒ NO ☐ YES Please Specify*: _____

Any history of heart disease?

☒ NO ☐ YES Please Specify*: _____

Current medication: _____

Immunizations: Hepatitis A: ☐ 1st ☐ 2nd Hepatitis B: ☒ 1st ☒ 2nd
Varicella: ☒ 1st ☐ 2nd MMR: ☒ 1st ☐ 2nd
Tetanus Toxoid booster: (within the last 10 years) _____
Others: H1B #1, H1B #2, DPT OPV Booster, H1B #3, H1B Booster, DPT OPV 1-3

I hereby certify that the above statements are true and correct to the best of my knowledge.

Krisza Marie D. Tanaleon
SIGNATURE OVER PRINTED NAME OF STUDENT

PHYSICAL EXAMINATION (to be filled up by attending physician)

Weight: 116 lbs Height: 4'11" BMI: _____ Vital Signs: BP 106/63 CR 84 RR 22 Temp 36°C Date: 3-16-15

	Normal	Abnormal	Comments*		Normal	Abnormal	Comments*
General				Chest & Lungs	<input checked="" type="checkbox"/>		
Skin	<input checked="" type="checkbox"/>			Breast	<input checked="" type="checkbox"/>		
Head	<input checked="" type="checkbox"/>			Heart	<input checked="" type="checkbox"/>		
Eyes	<input checked="" type="checkbox"/>			Abdomen	<input checked="" type="checkbox"/>		
Ear/Nose/Throat	<input checked="" type="checkbox"/>			Pulses	<input checked="" type="checkbox"/>		
Teeth & Gums	<input checked="" type="checkbox"/>			Spine	<input checked="" type="checkbox"/>		
Neck & Thyroid	<input checked="" type="checkbox"/>			Neurologic			

*Please use back of this page for additional comments.

PHYSICALLY FIT TO TRAVEL AND JOIN THE ACTIVITY

☒ YES ☐ NO

REMARKS:

Attending Physicians' Name: MARILYN D. DORAS PRC License Number: 36077
Clinic Address: 241 North ... Contact Number: 3725588
Physician's Signature: _____

UST: 5030-00-F089



Providing false information in this document is a form of misrepresentation punishable under the Code of Conduct and Discipline (PPS 1027, University of Santo Tomas Student Handbook)