

## MEDICAL EXAMINATION REPORT

<b>Name:</b>	PINO, CORAZONa	<b>Sex:</b>	F	<b>Age:</b>	53
<b>Civil Status:</b>	MARRIED	<b>Home Address:</b>			

### I. HISTORY:

Childhood Illness:

Past Illness:

Present Illness:

Supplements:

Surgeries:

Hospitalizations:

### II. PERSONAL & SOCIAL HISTORY:

Smoking History:

**Pack per:**

Alcohol Intake:

**Bottle per:**

Drug Use:

Allergy:

For Women:

Last Menstrual Period:

**Lasting: Days**

Are you pregnant or any  
chance you may be:

### III. FAMILY HISTORY:

Hypertension:

HeartDisease:

KidneyDisease:

DiabetesMellitus:

Others:

### IV. REVIEW OF SYSTEMS:

Eyes:

ENT/Mouth:

Cardiovascular:

Respiratory:

Gastrointestinal:

Genitourinary:

Musculoskeletal:

Skin/Breast:

Neurological:

Endocrine:

Hematological:

Others:

### V. PHYSICAL EXAMINATION:

Height (cm):

Weight (kg):

Body Mass Index:

Blood Pressure:

PR:

RR:

Visual Acuity R/L Right:

Hearing:

Clarity of Speech:

General Appearance:

Head & Neck:

Mouth/Throat:

Back:

Abdomen:

Neurological:

Breast:

Skin:

Ears, Eyes, Nose:

Chest Lungs:

Heart:

Extremities:

Rectal:

Genitalia:

#### VI. X-RAY, ECG AND LABORATORY EXAMINATION REPORT:

A. Chest X-ray:

B. ECG:

C. Complete Blood Count:

D. Urinalysis: Findings: WBC:

E. Stool Examination: Findings: Positive:

F. Serological Test (VDRL):

G. Hepatitis - A Screening:

H. Hepatitis - B Surface Antigen (Hbsag):

I. Pregnancy Test:

J. Blood Type:

K. Drug Test

Marijuana (tetrahydrocannabinol):

Shabu (Methamphetamine):

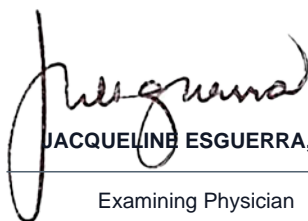
L. Others:

#### RECOMMENDATIONS:

Ratings:

Remarks:

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Date: