



De La Salle University  
D A S M A R I Ñ A S  
UNIVERSITY CLINIC  
SCREENING FORM

DATE \_\_\_\_\_

**GENERAL DATA**

NAME: \_\_\_\_\_

AGE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SEX: ☐ M ☐ F

COURSE: \_\_\_\_\_

CS: ☐ S ☐ M ☐ JW

YR. LEVEL: \_\_\_\_\_

SEM: ☐ 1st ☐ 2nd ☐ 3rd ☐ Summer☐ ASYMPTOMATIC☐ CHIEF COMPLAINT; SPECIFY: \_\_\_\_\_

PRESENT ILLNESS: (If any) \_\_\_\_\_

**PAST MEDICAL HISTORY**
☐ PTB OR PRIMARY COMPLEX ("WEAK LUNGS",  
History of intake of any of the ff drugs: INH,  
Rifampicin, PZA or Pyrazinamide, Ethambutol,  
Streptomycin)
☐ CHICKEN POX☐ OTHERS, Details: \_\_\_\_\_☐ MEASLES ☐ MUMPS☐ DENGUE ☐ UTI☐ AMOEBIASIS☐ BRONCHIAL ASTHMA☐ HYPERTENSION☐ HEPATITIS☐ TYPHOID FEVER☐ DIABETES MELLITUS, med: \_\_\_\_\_☐ HEART DISEASE, Specify/med: \_\_\_\_\_☐ EPILEPSY, Last attack/med: \_\_\_\_\_☐ ALLERGIES, Specify: \_\_\_\_\_☐ SURGERY/OPERATION(S): \_\_\_\_\_**FAMILY HISTORY**☐ UNREMARKABLE☐ BRONCHIAL ASTHMA☐ HEART DISEASE☐ CANCER☐ DIABETES MELLITUS☐ HYPERTENSION☐ OTHERS: \_\_\_\_\_**PERSONAL & SOCIAL HISTORY****SMOKING STATUS**☐ NON-SMOKER☐ STOPPED☐ SMOKER (Sticks/day x Yrs.): \_\_\_\_\_**ALCOHOL INTAKE**☐ NONE/NIL☐ OCCASIONAL☐ REGULAR (Bottles/session): \_\_\_\_\_**MENSTRUAL HISTORY**☐ NOT APPLICABLE☐ LNMP: M/D/Y (\_\_\_\_/\_\_\_\_/20\_\_\_\_)☐ REGULAR (28 day cycle)☐ IRREGULAR, Frequency: \_\_\_\_\_

MENARCHE at \_\_\_\_\_ (age in yrs)

**OBSTETRICAL & GYNE. HISTORY**☐ NOT APPLICABLE☐ OB SCORE: Gra, Parity (Term, Pre, Abort., Liv.)

G \_\_\_\_ P \_\_\_\_ (\_\_\_\_,\_\_\_\_,\_\_\_\_,\_\_\_\_)

Manner of

Delivery: \_\_\_\_\_

☐ DYSMENORRHEA/Meds: \_\_\_\_\_**PHYSICAL EXAMINATION****GENERAL SURVEY**☐ NOT IN DISTRESS☐ IN DISTRESS☐ AMBULATORY☐ WHEELCHAIR  
- BORNE

BUILT

☐ ECTOMORPHIC☐ MESOMORPHIC☐ ENDOMORPHIC

NOURISHMENT

☐ WELL☐ FAIR☐ POOR**VITAL SIGNS**

BP \_\_\_\_\_

HEIGHT (cm) \_\_\_\_\_

PR \_\_\_\_\_

WEIGHT (kg) \_\_\_\_\_

RR \_\_\_\_\_

Temperature (°C) \_\_\_\_\_

**APPEARANCE**☐ COINCIDES WITH CHRONOLOGICAL AGE☐ DOES NOT COINCIDES WITH AGE



DE LA SALLE UNIVERSITY - DASMARIÑAS  
UNIVERSITY CLINIC  
Dasmariñas, Cavite

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Year: \_\_\_\_\_ Course: \_\_\_\_\_

PERSONAL HISTORY:

- ☐ Smoking # Pack Years: \_\_\_\_\_  
☐ Alcohol

PAST MEDICAL HISTORY:

- ☐ Unremarkable  
\_\_\_\_\_  
\_\_\_\_\_

OB-GYNE:

Menstrual Cycle  
LMP: \_\_\_\_\_ Days  
PMP: \_\_\_\_\_ Interval

REVIEW OF SYSTEMS:

- ☐ Unremarkable  
\_\_\_\_\_  
\_\_\_\_\_

PHYSICAL EXAMINATION:

Height: \_\_\_\_\_ cm Weight: \_\_\_\_\_ kg

BP: \_\_\_\_\_ / \_\_\_\_\_ PR: \_\_\_\_\_ /min RR: \_\_\_\_\_ /min  
Temp: \_\_\_\_\_ C

VISUAL ACUITY:

Uncorrected: OD 20/ OS 20/  
Corrected: OD 20/ OS 20/

LABORATORY & DIAGNOSTIC EXAMINATION:

Chest X-RAY: ☐ Normal  
\_\_\_\_\_  
\_\_\_\_\_

	Normal	Findings
Skin	<input type="checkbox"/>	_____
Eyes	<input type="checkbox"/>	_____
Mouth	<input type="checkbox"/>	_____
ENT	<input type="checkbox"/>	_____
Neck, LN	<input type="checkbox"/>	_____
Breast	<input type="checkbox"/>	_____
C/L	<input type="checkbox"/>	_____
Heart	<input type="checkbox"/>	_____
Abdomen	<input type="checkbox"/>	_____
Back	<input type="checkbox"/>	_____
Anus	<input type="checkbox"/>	_____
Genitals	<input type="checkbox"/>	_____
Extremities	<input type="checkbox"/>	_____

CBC:

- ☐ Normal  
\_\_\_\_\_  
\_\_\_\_\_

Urinalysis:

- ☐ Normal  
\_\_\_\_\_  
\_\_\_\_\_

Fecalysis:

- ☐ Normal  
\_\_\_\_\_  
\_\_\_\_\_

HEPATITIS:

Anti HAV IgM:

- ☐ Reactive  
☐ Non-reactive  
\_\_\_\_\_  
\_\_\_\_\_

HBs Ag:

- ☐ Reactive  
☐ Non-reactive  
\_\_\_\_\_  
\_\_\_\_\_

CLINICAL ASSESSMENT AND RECOMMENDATION:

<input type="checkbox"/> Class A	Physically Fit
<input type="checkbox"/> Class B	Physically Fit but with minor ailment(s), condition(s), curable within a short period of time, that will not adversely affect the student's/employee's efficiency.
<input type="checkbox"/> Class C	Marginally enrollible/employable but with non-disabling, non-communicable conditions and laboratory finding controlled and maintained by medications.
<input type="checkbox"/> Class D	Unfit or unsafe for enrollment/employment.

Examined by: \_\_\_\_\_ Date: \_\_\_\_\_

**REGIONAL EXAMINATION****SKIN/SCALP:** ☐ NORMAL ☐ W/ FINDINGS  
Details: \_\_\_\_\_**HEAD/NECK:**

VISUAL ACUTY: R 20 | 20 L

CONJUNCTIVA: ☐ PINK ☐ PALESCLERA: ☐ ANICTERIC ☐ ICTERIC  
☐ DIRTYPUPILS: ☐ EQUAL/reactive ☐ ANISOCORIANOSE: ☐ NORMAL ☐ W/ FINDINGS

&gt;Details: \_\_\_\_\_

EARS: ☐ NORMAL ☐ W/ FINDINGS

&gt;Details: \_\_\_\_\_

NECK: ☐ NORMAL ☐ W/FINDINGS

&gt;Details: \_\_\_\_\_

THYROID: ☐ NORMAL ☐ W/FINDINGS

&gt;Details: \_\_\_\_\_

NYCTAL: ☐ NO ☐ YES

&gt;Details: \_\_\_\_\_

ORAL CAVITY: ☐ NO ☐ YES

&gt;Details: \_\_\_\_\_

MASS(ES): ☐ NO ☐ YES

&gt;Details: \_\_\_\_\_

**CHEST/LUNGS:**INSPECT: ☐ NORMAL ☐ CHEST LAGPALPATE: ☐ NORMAL ☐ MASS  
☐ W/FINDINGS

&gt;Details: \_\_\_\_\_

PERCUSS: ☐ NORMAL ☐ DULL  
☐ W/FINDINGS

&gt;Details: \_\_\_\_\_

AUSCULTATE: ☐ NORMAL ☐ W/FINDINGS

&gt;Details: \_\_\_\_\_

☐ WHEEZES ☐ RHONCHI☐ RALES ☐ DULLNESS

&gt;Details: \_\_\_\_\_

**CHEST X-RAY:**

(AP, Apical-lateral, etc)

☐ NORMAL ☐ WITH FINDINGS

&gt;Details: \_\_\_\_\_

**OTHER LAB RESULTS:**

(CBC, Fecal, Urinalysis, etc.)

☐ NORMAL ☐ WITH FINDINGS

&gt;Details: \_\_\_\_\_

**HEART:**INSPECT: ☐ NORMAL ☐ HEAVE/LIFTPALPATE: ☐ NORMAL ☐ THRILLSAUSCULTATE: ☐ NORMAL ☐ W/ FINDINGS

&gt;Details: \_\_\_\_\_

PM: \_\_\_\_\_

MURMURS: ☐ NO ☐ YES

&gt;Details: \_\_\_\_\_

S1: ☐ >APEX ☐ >BASES2: ☐ >BASE ☐ >APEXS3: ☐ NO ☐ YESS4: ☐ NO ☐ YES**ABDOMEN:**INSPECT: ☐ FLAT ☐ GLOBULAR☐ SCAPOID ☐ DISTENDED☐ FULL ☐ SCAR

&gt;Details: \_\_\_\_\_

AUSCULTATE:

BOWEL SOUNDS: ☐ NORMAL ☐ HYPER☐ HYPO

PALPATE:

LIVER PALPABLE: ☐ NORMAL ☐ YES

&gt;Details: \_\_\_\_\_

TENDER: ☐ NO ☐ YES

&gt;Details: \_\_\_\_\_

PERCUSS:

TRAUMA SPACE: ☐ INTACT ☐ W/ FINDINGS

&gt;Details: \_\_\_\_\_

**EXTREMITIES:**PULSES: ☐ NORMAL ☐ W/ FINDINGSDEFORMED: ☐ NO ☐ W/ FINDINGS

&gt;Details: \_\_\_\_\_

**NEUROLOGIC EXAMINATION:**DEFICIT: ☐ NO ☐ YES

&gt;Details: \_\_\_\_\_

**RECOMMENDATION(S):** \_\_\_\_\_**CLASSIFICATION:**☐ A ☐ B ☐ C ☐ D**INTERVIEW AND PHYSICAL EXAMINATION PERFORM BY:**\_\_\_\_\_  
Signature over Printed Name (Nurse-on-Duty)\_\_\_\_\_  
Signature over Printed Name (Resident-on-Duty)**NOTED BY:**\_\_\_\_\_  
Signature over Printed Name (University Physician)