

Instructions for Securing a Medical Certificate

Step 1: Secure Signed Medical Endorsement Slip

Step 2: Print Medical Laboratory Request Form

- Take Required Medical Laboratory Exams at any laboratory clinic you choose
- Urinalysis, Fecalalysis, Complete Blood Count (CBC), Chest X-ray, *any other required medical tests, if specified.*

Step 3: Filled out and print medical and dental form (LONG BOND PAPER, BACK-TO-BACK)

Step 4: Then Secure and print your appointment at

- <https://umak.edu.ph/oltras/services/medical> or scan this



Step 5: Submit your Laboratory Results and other requirement to UMak Clinic at your appointment date

REQUIREMENTS FOR SECURING A MEDICAL CERTIFICATE

1. PRINTOUT COMPUTERIZED, FILLED OUT MEDICAL AND DENTAL FORM (LONG BOND PAPER, BACK-TO-BACK) <https://www.umak.edu.ph/student/forms/>
2. BRING YOUR OWN BALLPEN
3. COMPLETE LABORATORY RESULTS (ORIGINAL COPY ONLY)
 - Urinalysis, Fecalalysis, Complete Blood Count (CBC), Chest X-ray, *any other required medical tests, if specified.*
4. PRINTOUT OF YOUR APPOINTMENT SLIP:
5. ID PICTURE (PASSPORT SIZE WITH NAME TAG)
6. SIGNED ENDORSEMENT LETTER FORM CLP

Step 6: Please read Step 6 of Medical Endorsement Slip


UNIVERSITY OF MAKATI
MEDICAL AND DENTAL OFFICE

J.P Rizal Extension, West Rembo, Makati City

clinic@umak.edu.ph

8-883-1863

 Date: January 23, 2025

 Name: Shiloh B. Eugenio

 Age: 23 Sex: Female Birthday: January 21, 2002

 Address: Blk 83 Lot 07 Milkweed St. Brgy. Rizal Taguig City

LABORATORY REQUEST FORM

HEMATOLOGY

- ☒ CBC
☐ CBC w/ Platelet
☐ Clotting Time
☐ Prothrombin Time
☐ Partial Thromboplastin Time
☐ Bleeding Time
☐ Peripheral Smear
☐ Blood Typing

- ☒ Routine Urinalysis
☒ Fecalalysis
☐ RPR
☐ Pregnancy Test

☐ OTHERS: _____

CLINICAL CHEMISTRY

- ☐ Fasting Blood Sugar
☐ Random Blood Sugar
☐ Glucosylated Hemoglobin
☐ BUN
☐ Creatinine
☐ Uric Acid
☐ SGPT
☐ SGOT
☐ Sodium (Na)
☐ Potassium (K)
☐ Calcium
☐ Phosphorous
☐ Alkaline Phosphatase

LIPIDS

- ☐ Lipid Profile
☐ Total Cholesterol
☐ Triglycerides
☐ HDL
☐ LDL
☐ VLDL

SEROLOGY

- ☐ HBsAg
☐ Anti – HBs
☐ Thyroid Profile
☐ Dengue NS1
☐ Dengue (IgG, IgM)

CARDIOLOGY

- ☐ 2D ECHO w/ doppler studies
☐ 12 Lead ECG

DRUG TEST

- ☐ Methamphetamine
☐ Cannabinoids

PSYCHOLOGY

- ☐ Neuro – Psych Test

XRAY

- ☒ CHEST PA
☐ OTHERS: _____

DIAGNOSIS:

Alan Angelo N. Raymundo, M.D.
 Medical Officer III
 Lic No. 0092121



Medical and Dental Record

☐ Student

Student No: _____

☐ Employee

☐ Grade 11 ☐ 1st Year ☐ 2nd Year
☐ Grade 12 ☐ 3rd Year ☐ 4th Year

☐ Admin ☐ Faculty
☐ Regular ☐ Casual ☐ Part Time
☐ Job Order ☐ TDY

Department/ College / Institute: _____

ID picture taken within
the last 6 months
3.5 cm. X 4.5 cm
(passport size)

Computer generated
or photocopied picture
is not acceptable

Date (MM/DD/YYYY):	Name (Last)	(First)	(Middle)	(Extension Jr, Sr)
Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	Civil Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widow <input type="checkbox"/> Others _____		Birthday (MM/DD/YYYY)	Age
Home Address (Lot # Blk # Unit #)	(Street Name)	(Barangay/ Village)	(Municipality/ City)	(Province)
Emergency Contact Person:	Address of Emergency Contact Person:	Contact Number of Emergency Contact Person:	Personal Contact Number:	

MEDICAL HISTORY

Covid Vaccination Status: _____

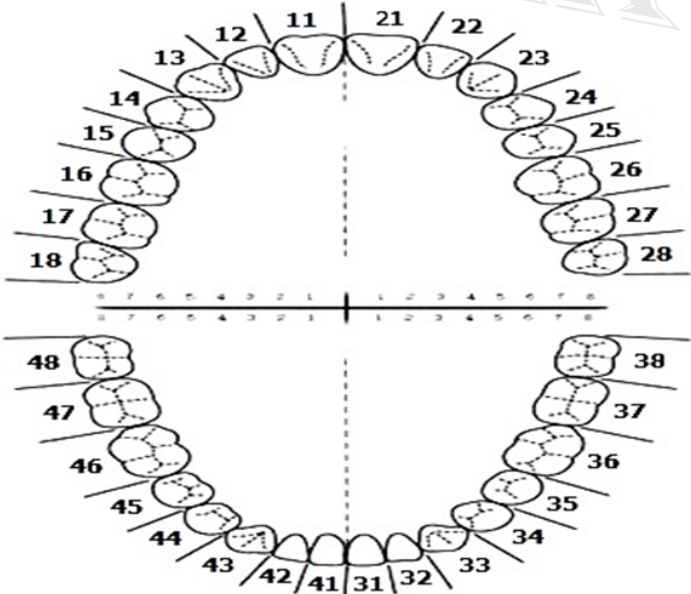
Blood Type: _____

Past Medical History: ☐ Hypertension ☐ Diabetes Mellitus ☐ Heart Disease ☐ Stroke ☐ Bronchial Asthma (Hika)
☐ Cancer ☐ Kidney Disease ☐ Thyroid Disease ☐ Other Disease : _____
☐ Hospitalization: _____ ☐ Surgical Operation: _____
Allergies: Please List: Medications: _____ Food: _____ Other: _____

Family History: ☐ Hypertension ☐ Diabetes Mellitus ☐ Heart Disease ☐ Stroke ☐ Bronchial Asthma (Hika)
☐ Cancer ☐ Kidney Disease ☐ Thyroid Disease ☐ Other Disease : _____

Personal Social History: ☐ Smoking (How much & duration) _____ ☐ Quit (When) _____
☐ Alcohol beverage (How much & duration) _____ ☐ Quit (When) _____

DENTAL HISTORY



LEGEND:

C = Carries
TX = For Extraction
RCT = Root Canal Treatment
Am = Amalgam
TF = Temporary Filling
CF = Composite Filling
P = Pontic
PJC = (Porcelain/Plastic) Jacket Crown

REMARKS / RECOMMENDATIONS:

University Dentist: _____
License No. _____

MEDICAL ASSESSMENT/ EXAMINATION

Physical Examination:

Vital Signs:

Height: _____ (cm) Weight: _____ (kg)

Blood Pressure: _____ mmHg

BMI: () UW () N () OW () OB

Pulse Rate: _____ bpm

Visual Acuity: OD (R) _____

Respiratory Rate: _____ cpm

OS (L) _____ w/C. L. ()

Temperature: _____ °C

Laboratories Examination

Chest Xray: _____

Blood Chem: _____

CBC: _____

ECG: _____

Urinalysis: _____

Pregnancy Test: _____

Fecalysis: _____

HBsAg: _____

Neuro-Psych: _____

Anti-HBs: _____

Drug Test: _____

Others: _____

Legend: Blank = No findings

Medical Reports on Physical Examination:

- () Class A - Physically Fit Work
- () Class B - Physically undeveloped or with correctable defects but otherwise fit to work.
- () Class C - Discretionary and/ or Employable, but with certain impairments or condition which require special placement or limited duties and follow up treatment/ periodic evaluation.
- () Class D - Not Fit to Work
- () Class E - Pending

IMPRESSION:

REMARKS / RECOMMENDATIONS:

University Physician: _____
License No. _____

I hereby permit University of Makati and the Examining physician to furnish my employer such information pertaining to my health status and other pertinent medical findings and do hereby release them from any and legal responsibility by doing so in accordance to Data Privacy Act of 2012 (RA 10173).

Signature of client: _____
(Full name and signature)

Date: _____
(Date of physical examination)

Medical and Dental Record

[illegible]