



Medical and Dental Record

UNIVERSITY OF MAKATI
MEDICAL AND DENTAL OFFICE
J.P Rizal Extension, West Rembo, Makati City
clinic@umak.edu.ph
8-883-1863

☐ Student
Student No: _____

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

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

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: _____

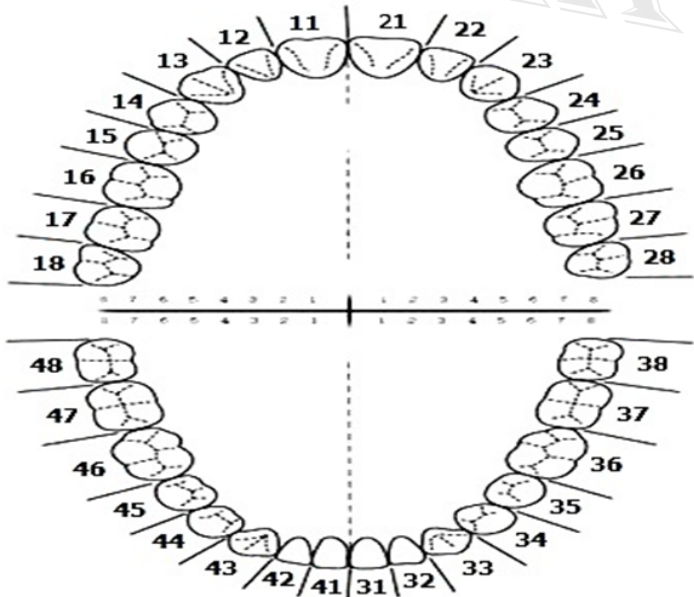
Blood Type: _____

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:

Height: _____ (cm) Weight: _____ (kg)
BMI: () UW () N () OW () OB
Visual Acuity: OD (R) _____
OS (L) _____ w/C. L. ()

Vital Signs:

Blood Pressure: _____ mmHg
Pulse Rate: _____ bpm
Respiratory Rate: _____ cpm
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)

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[illegible]