STANFORD LABORATORY

Ground Floor, Avon Plaza, Osmena Blvd., Capitol Site
Cebu City 6000 Telefax Nos. (032) 254-7851 • 253-2029 or 255-7353

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CBC
UA
SE
CXR
DT
OTHERS

Family Name	First Name	Middle Name	Name of Company
PAEZ	KLARCHENE	GEOLIN	NATIONAL BOOKSTORE

Sex	Age	Civil Status	Place of Birth	Present Mailing Address and Telephone Number
F	25	Single	Date 09-01-1992	Sitio Toong Basak San Nicolas

I. Medical History

Past Medical History: NSVD (2013)

Family Health History: (F) HPN

Personal Health History

Smoker : No ✓ Yes ____ ; no. of sticks/day ____ ; no. of years smoked ____

Alcoholic Drinker : No ✓ Yes ____ ; Type /frequency/amount ____

Allergies : No ____ Yes ____ IUD

OB-GYNE History: LMP Sept 25, 2017 ; Regular menses ____ irregular menses ____ : G 1 P 1

I hereby permit Stanford Medical & Diagnostic Clinic, Inc. to furnish information and pertinent findings on my health status to my referring physician / company / school / organization, thereby releasing them from any and all legal responsibilities by doing so. I certify that: (a.) I am the same person whose name appears on this physical examination form and have truthfully answered the questions asked thereon; (b.) the specimen(s) that I have submitted for diagnostic test(s) is/are mine.

✓ Klarchene Paez
(Signature over printed name of applicant)

✓ October 6, 2017
(Date)

II. PHYSICAL EXAMINATION (To be completed by the examining physician)

HT 5'2 WT 70 kg	BP 130/80	PR Reg	Hearing	Respiration	BODY BUILT (Light / Medium / Heavy)
Visual Acuity	Far Vision		Near Vision		Clarity of Speech / Temperature
( ) Corrected	OS 20/40		OS J1		ee / Not Taken
( ) Uncorrected	OD 20/40		OD J1		Pregnant? (Pls. Encircle) Yes No Maybe N/A

	Normal	Findings
General Appearance		
Skin	✓	
Head and Scalp		
Eyes	✓	
Ears, Eardrum		
Nose, Sinuses	✓	
Mouth, Throat	✓	
Neck, Thyroid	✓	
Chest, Breast and Axilla	✓	
Heart - Cardiovascular		
Lung - Respiratory	✓	
Backs, Flanks		
Inguals, Genital	✓	
Anus / Rectum		
Extremities / Abdomen	✓	
Dental		