

MEDICAL EXAMINATION RECORD

Annual Physical Examination []

Pre-Employment []

Last Name Peralis First Name Vanson M.I. Bartolini Date 02/13/19
 Address Opon, Lapun Lapun City, Wm Age 29 Civil Status Singh Sex Male
 Place of Birth Osmoc City, Leyte Date of Birth 01/02/1989 Insurance Provider _____
 Occupation CSR Name of Company iPloy Staffing Solutions Tel. / Mobile no. 09269605589

PHYSICAL EXAMINATION

Temp.: 36 C PR: 94 bpm RR: 16 bpm BP: 110/80 mmHg Ht.: 180 cm Wt.: 85.9 kg
 Visual Acuity: Right Eye: 20/40-1 Left Eye: 20/25 BMI: 24.84
Wears eyeglasses (250 both eyes)
 Underweight: Overweight:
 Normal Weight: Obese:

MEDICAL HISTORY

Past Medical History: (-)
 Family History: HPN
 Previous Hospitalization: (-)
 Menstrual History: _____ Parity: _____ LMP: _____ Contraceptive Use: _____

Review of Systems	Normal	Findings	Review of Systems	Normal	Findings
Head & Scalp	/		Lungs	/	
Eyes & Ears	/		Heart	/	
Skin / Allergy	/		Abdomen	/	
Nose & Sinuses	/		Genitals	/	
Mouth / Teeth / Tongue	/		Extremities	/	
Neck / Nodes	/		Reflexes	/	
Chest/ Breast	/		BPE	/	

Laboratory	Normal	Findings	Laboratory	Normal	Findings
Chest X-Ray			ECG		
CBC	X	<u>9 WBC</u>	Other Procedures:		
Urinalysis	/				
Fecalysis	/				
Drug Test	/				

I certify that I have examined and found the employee to be physically [] Fit [] Unfit for employment.

Classification:

[] CLASS A: Physically fit for all types of work

[] CLASS B: Physically fit for all types of work
Has minor ailment/ defect. Easily curable or offers no handicap to job applied.
[] Needs treatment/ correction
[] Treatment optional for: _____

[X] CLASS C: Physically fit for less strenuous type of work. Has minor ailments/ defects.
Easily curable or offers no handicap to job applied.
[] Needs treatment/ correction
[] No treatment needed for: _____

[] CLASS D: Employment at the risk and discretion of the management

[] CLASS E: Unfit for employment

[X] PENDING: Unfit for employment
For further evaluation of: cardiac view

AL JIMAR P. PIMAR, MD
Lic. No. 0146823

marks: _____

Patient's Signature

Date Examined

Medical Examiner, M.D.

License No.: _____