

PATIENT NUMBER

6229

HI-PRECISION DIAGNOSTICS

WES BLDG. 28 J. LLORENTE ST., OSMEÑA BLVD. CEBU CITY
TEL. (032)256-0151-53 FAX: (032)255-4138

URINE _____
STOOL _____
PE _____
BLOOD _____
X-RAY _____
ECG _____
PAP SMEAR _____

Physical Examination Form

MEDICAL EXAMINATION REPORT

LAST NAME YPIL	FIRST NAME JONAH	MIDDLE NAME NEMENDO	DATE 12-19-16
SEX F	AGE 30	CIVIL STATUS	DATE OF BIRTH 3-9-1986
ADDRESS sitio Sunrise Pool Talisay City Cebu			TELEPHONE NUMBER 09175451193
COMPANY Greenwire Outsourcing			DESIGNATION

NATURE OF EXAMINATION PRE-EMPLOYMENT ANNUAL OTHERS

I. MEDICAL HISTORY - Has examinee suffered from or been told to any of the following conditions

A. PREVIOUS ILLNESS - Check diseases examinee have had		D. PERSONAL HISTORY	
<input checked="" type="checkbox"/> Allergies	<input checked="" type="checkbox"/> Hypertension	Medication Depren	
<input checked="" type="checkbox"/> Blood Disorders	<input checked="" type="checkbox"/> Peptic Ulcer	Cardiovascular	
<input checked="" type="checkbox"/> Bronchial Asthma	<input checked="" type="checkbox"/> Tuberculosis	Respiratory	
<input checked="" type="checkbox"/> Diabetes Mellitus	<input type="checkbox"/> Others	Gastro-Intestinal	
<input checked="" type="checkbox"/> Hepatitis		Genito-Urinary	
		Menstrual-Obstetrical	
B. FAMILY HISTORY		LMP 12/1/16	
<input checked="" type="checkbox"/> Allergies	<input checked="" type="checkbox"/> Hypertension	G: P:	
<input checked="" type="checkbox"/> Bronchial Asthma	<input checked="" type="checkbox"/> Tuberculosis	Deformities	
<input checked="" type="checkbox"/> Cancer	<input checked="" type="checkbox"/> Nervous Disorder	Neuro-Psychiatric	
<input checked="" type="checkbox"/> Diabetes Mellitus	<input type="checkbox"/> Others	Endocrine	
<input checked="" type="checkbox"/> Heart Problem		Others	
C. HOSPITALIZATION / OPERATIONS			

II. PHYSICAL EXAMINATION - To be completed by examining physician

1. HEIGHT	2. WEIGHT	3. BLOOD PRESS 120/40	4. PULSE RATE 76/4	5. RESPIRATION 20/16	6. BODY BUILT A																
7. VISUAL ACUITY		8. DENTAL		8. DENTAL																	
Uncorrected		Corrected		8	7	6	5	4	3	2	1	-	L	1	2	3	4	5	6	7	8
Left				Remark:																	
				Lower																	
				Remark:																	

NORMAL		FINDINGS	
9. General Appearance	<input type="checkbox"/>		
10. Skin	<input type="checkbox"/>		
11. Head and Scalp	<input type="checkbox"/>		
12. Eyes, Pupils	<input type="checkbox"/>		
13. Ears, Eardrums	<input type="checkbox"/>		
14. Nose, Sinuses	<input type="checkbox"/>		
15. Mouth, Throat	<input type="checkbox"/>		
16. Neck, Thyroid	<input type="checkbox"/>		
17. Chest, Breast and Axilla	<input type="checkbox"/>		
18. Heart-Cardiovascular	<input type="checkbox"/>		
19. Lung-Respiratory	<input type="checkbox"/>		
20. Abdomen	<input type="checkbox"/>		
21. Backs, Flanks	<input type="checkbox"/>		
22. Anus, Rectum	<input type="checkbox"/>		
23. Genito-Urinary System	<input type="checkbox"/>		
24. Inguinals, Genitals	<input type="checkbox"/>		
25. Musculo-Skeletal	<input type="checkbox"/>		
26. Extremities	<input type="checkbox"/>		
27. Reflexes	<input type="checkbox"/>		
28. Neurological-Nervous	<input type="checkbox"/>		

REMARKS:

RECOMMENDATIONS: FIT UNFIT PENDING