

Prime Care Cebu
IMMEDIATE MEDICAL & DENTAL CARE CENTER
MEDICAL EXAMINATION RECORD

Annual Physical Examination []

Pre-Employment []

Last Name PINOYE First Name JO DYAN M.I. M Date 03/30/2019
 Address 0713 CAMARON LATHUG CC Age 27 Civil Status SINGLE Sex FEMALE
 Place of Birth CEBU CITY Date of Birth 03/24/1992 Insurance Provider _____
 Occupation CSR Name of Company IPLOY Tel. / Mobile no. 296 1176

PHYSICAL EXAMINATION

Temp.: 36.2 °C PR: 79 bpm RR: 17 bpm BP: 100/70 mmHg Ht: 158 cm Wt: 60.5 kgs.
 Visual Acuity: Right Eye: 20/20 -1 Left Eye: 20/20 -1 BMI: 24.6
 (With/ Without eyeglasses) Underweight: Overweight:
 Normal Weight: Obese:

MEDICAL HISTORY

Past Medical History: None, always OK
 Family History: _____
 Previous Hospitalization: _____
 Menstrual History: 12 y.o Parity: 6080 LMP: 3-11-19 Contraceptive Use: none
regular - 5 days

Review of Systems	Normal	Findings	Review of Systems	Normal	Findings
Head & Scalp	<input checked="" type="checkbox"/>		Lungs	<input checked="" type="checkbox"/>	
Eyes & Ears	<input checked="" type="checkbox"/>		Heart	<input checked="" type="checkbox"/>	
Skin / Allergy	<input checked="" type="checkbox"/>		Abdomen	<input checked="" type="checkbox"/>	
Nose & Sinuses	<input checked="" type="checkbox"/>		Genitals	<input checked="" type="checkbox"/>	
Mouth / Teeth / Tongue	<input checked="" type="checkbox"/>		Extremities	<input checked="" type="checkbox"/>	
Neck / Nodes	<input checked="" type="checkbox"/>		Reflexes	<input checked="" type="checkbox"/>	
Chest/ Breast	<input checked="" type="checkbox"/>		BPE	<input checked="" type="checkbox"/>	

Laboratory	Normal	Findings	Laboratory	Normal	Findings
Chest X-Ray	<input checked="" type="checkbox"/>		ECG	<input checked="" type="checkbox"/>	
CBC	<input checked="" type="checkbox"/>		Other Procedures:	<u>NA</u>	
Urinalysis	<input checked="" type="checkbox"/>				
Fecalysis	<input checked="" type="checkbox"/>				
Drug Test	<u>NA</u>				

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: _____

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

PENDING For further evaluation of: _____

Remarks: _____

Patient's Signature

3/30/2019
Date Examined

Muelo Romo, M.D.
Medical Examiner

License No.: _____