

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

Annual Physical Examination [ ]

Pre-Employment [  ]

Last Name MONGADA First Name MICHAEL M.I. D Date 04/08/2019  
 Address Beverly Hills, Cebu Age 25 Civil Status Single Sex Male  
 Place of Birth OROQUIETA City Date of Birth 07/14/1991 Insurance Provider \_\_\_\_\_  
 Occupation Customer Service Rep Name of Company IPLDY Tel. / Mobile no. 0907 011 9897

**PHYSICAL EXAMINATION**

Temp.: 36.7 °C PR: 79 bpm RR: 17 bpm BP: 110/80 mmHg Ht: 168 cm Wt: 63.3 kgs.  
 Visual Acuity: Right Eye: 20/30 Left Eye: 20/30 BMI: 22.4  
 (With/ Without eyeglasses) Underweight:  Overweight:   
 Normal Weight:  Obese:

**MEDICAL HISTORY**

Past Medical History: (-), and dengue fever & ASTA  
 Family History: \_\_\_\_\_  
 Previous Hospitalization: (-)  
 Menstrual History: y.o Parity: \_\_\_\_\_ LMP: \_\_\_\_\_ Contraceptive Use: \_\_\_\_\_

Review of Systems	Normal	Findings	Review of Systems	Normal	Findings
Head & Scalp	/		Lungs	/	
Eyes & Ears	/		Heart	/	
Skin / Allergy	/	<u>eczema</u>	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	/		Other Procedures:	<u>NA</u>	
Urinalysis	/				
Fecalysis	<u>NA</u>				
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 EOR  
 [ ] 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: \_\_\_\_\_  
[Signature] Patient's Signature 04/08/2019 Date Examined [Signature] Medical Examiner, M.D.  
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