

Annual Physical Examination [ ]

Pre-Employment []

Last Name Padua First Name Joseph M.I. Cataraja Date 6/14/2019  
 Address J.S Alinxug St. Basak Mandaya Age 25 Civil Status Single Sex Male  
 Place of Birth Manila Date of Birth 10/16/1993 Insurance Provider \_\_\_\_\_  
 Occupation \_\_\_\_\_ Name of Company \_\_\_\_\_ Tel. / Mobile no. \_\_\_\_\_

**PHYSICAL EXAMINATION**

Temp.: 36.6 °C PR: 81 bpm RR: 21 bpm BP: 130/70 mmHg Ht: 173 cm Wt: 86 kgs.  
 Visual Acuity: Right Eye: 20/20 Left Eye: 20/20 BMI: 27.47 Underweight:  Overweight:   
 (With/ Without eyeglasses) Normal Weight:  Obese:

**MEDICAL HISTORY**

Past Medical History: 5 Pulm x 5 ym, glander (1 ym) (15 ym)  
 Family History: \_\_\_\_\_  
 Previous Hospitalization: 2016 - Sports Accident 2004 - Accident  
 Menstrual History: y.o Parity: \_\_\_\_\_ LMP: \_\_\_\_\_ Contraceptive Use: \_\_\_\_\_

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:	<input checked="" type="checkbox"/>	
Urinalysis	<input checked="" type="checkbox"/>				
Fecalysis	<input checked="" type="checkbox"/>				
Drug Test	<input checked="" type="checkbox"/>				

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 Overweight  
 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:

BP m mitains

\_\_\_\_\_  
 Patient's Signature

\_\_\_\_\_  
 Date Examined

Mecua Remon, M.D.  
 Medical Examiner

License No.: \_\_\_\_\_