

Prime Care

IMMEDIATE MEDICAL & DENTAL CARE
MEDICAL EXAMINATION RECORD

Annual Physical Examination []

Pre-Employment

Last Name Naudja First Name Xaine Nicole M.I. D. Date 06-24-19
 Address Blk 5 Lot 40 Tabak ^{Palm Height Subd.} _{Mandarin City} Age 24 Civil Status S Sex F
 Place of Birth Calbayog Samar Date of Birth 12-11-95 Insurance Provider _____
 Occupation customer service rep. Name of Company iPlay Staffing Solutions Tel. / Mobile no. 239-2701

PHYSICAL EXAMINATION

Temp.: 35.7°C PR: 91 bpm RR: 17 bpm BP: 110/70 mmHg Ht: 179 cm Wt: 59.1 kgs.
 Visual Acuity: Right Eye: 20/25 Left Eye: 20/30 BMI: 29.7 Underweight: Overweight:
 (With/Without eyeglasses) Normal Weight: Obese:

MEDICAL HISTORY

Past Medical History: (-)
 Family History: DM
 Previous Hospitalization: Child hood - AGE
 Menstrual History: Menses: 13 y.o Parity: 6/0/0 LMP: 5/5/19 Contraceptive Use: None

Review of Systems	Normal	Findings	Review of Systems	Normal	Findings
Head & Scalp	/		Lungs	/	
Eyes & Ears	/		Heart	/	
Skin / Allergy	/		Abdomen	/	A
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:	/	
Urinalysis	/	UTI		/	
Fecalalysis	/			/	
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 UTI
 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: _____

Dr. Al Enriquez 2/20/19


 FLORIDA, MD
 License No. 33180

Remarks: _____

Patient's Signature _____ Date Examined 06-24-19 Medical Examiner _____, M.D.
 License No.: _____