

Annual Physical Examination []

Pre-Employment [X]

Last Name Prunep First Name JANICE M.I. A. Date 08-26-19
 Address Flaya Talamon cebu city Age 23 Civil Status Single Sex Female
 Place of Birth Rizal Zam Del Norte Date of Birth Jul 15, 1996 Insurance Provider _____
 Occupation CSR Name of Company I Play Tel. / Mobile no. 0995-637-4698

PHYSICAL EXAMINATION

Temp.: 35.8°C PR: 68 bpm RR: 18 bpm BP: 100/70 mmHg Ht: 152 cm Wt: 52 kgs.
 Visual Acuity: Right Eye: 20/25 Left Eye: 20/25 BMI: 22.51 Underweight: Overweight:
 (With / Without eyeglasses) Normal Weight: Obese:

MEDICAL HISTORY

Past Medical History: CHD CMMG asthma EPN stroke 1 E stroke @ 1st and 2nd
 Family History: DM (grandfather)
 Previous Hospitalization: Dengue fever 2015
 Menstrual History: 19 y.o Parity 6/0 LMP: Aug-18, 19 Contraceptive Use: none

| Review of Systems | Normal | Findings | Review of Systems | Normal | Findings |
|------------------------|--------|----------|-------------------|--------|----------|
| Head & Scalp | / | | Lungs | / | |
| Eyes & Ears | / | | Heart | / | |
| Skin / Allergy | / | | Abdomen | / | |
| Nose & Sinuses | / | | Genitals | nc | |
| Mouth / Teeth / Tongue | / | | Extremities | / | |
| Neck / Nodes | / | | Reflexes | / | |
| Chest/ Breast | / | | BPE | nc | |

| Laboratory | Normal | Findings | Laboratory | Normal | Findings |
|-------------|--------|----------|-------------------|--------|----------|
| Chest X-Ray | / | | ECG | | |
| CBC | / | | Other Procedures: | | |
| Urinalysis | / | | | | |
| 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
 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: _____ Date Examined: 8/28/19
 Medical Examiner: AMPARO T. FLORIDA, MD License No. 33180, M.D.

License No.: _____

Pa
Pa
St