

**MEDICAL EXAMINATION RECORD**

Annual Physical Examination [ ]

Pre-Employment [ ]

Last Name PARIASO First Name DEBBIE M.I. L. Date 09/04/19  
 Address MANDAUE CITY, LETRO Age 28 Civil Status SINGLE Sex FEMALE  
 Place of Birth HINOBA-AN CITY, DENAC Date of Birth 09/18/90 Insurance Provider \_\_\_\_\_  
 Occupation \_\_\_\_\_ Name of Company IPLOT INC. Tel. / Mobile no. 09273741131

**PHYSICAL EXAMINATION**

Temp.: 36.4 °C PR: 80 bpm RR: 18 bpm BP: 120/90 mmHg Ht: 153 cm Wt: 66.5 kgs.  
 Visual Acuity: Right Eye: 20/30 Left Eye: 20/30 BMI: 28.41 Underweight:  Overweight:   
 (With/ Without eyeglasses) Normal Weight:  Obese:

**MEDICAL HISTORY**

Past Medical History: None  
 Family History: \_\_\_\_\_  
 Previous Hospitalization: \_\_\_\_\_  
 Menstrual History: menarche 10 y.o Parity G0P0 LMP: 8/11/2019 - regular 4 days 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	/	
Mouth / Teeth / Tongue	/		Extremities	/	
Neck / Nodes	/		Reflexes	/	
Chest/ Breast	/		BPE	/	

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
- CLASS B
- CLASS C
- CLASS D
- CLASS E
- PENDING

Physically fit for all types of work  
 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: \_\_\_\_\_  
 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: \_\_\_\_\_  
 Employment at the risk and discretion of the management  
 Unfit for employment  
 For further evaluation of: \_\_\_\_\_

Remarks:

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

9/10/19  
Date Examined

[Signature]  
**AMPAROT, FLORIDA, MD**  
License No. 33180

\_\_\_\_\_  
Medical Examiner

, M.D.

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