

**MEDICAL EXAMINATION RECORD**

Annual Physical Examination [ ]

Pre-Employment [  ]

Last Name PANILAGAO First Name KENT SAMUEL M.I. PADILLA Date JAN. 10, 2020

Address GUADALUPE CEBU CITY Age 24 Civil Status SINGLE Sex M

Place of Birth CEBU CITY Date of Birth 12-11-1995 Insurance Provider \_\_\_\_\_

Occupation CSR Name of Company IPLOY INC. Tel./ Mobile no. 0905 9996687

**PHYSICAL EXAMINATION**

Temp.: 37.0 °C PR: 96 bpm RR: 17 cpm BP: 120/70 mmHg Ht: 154 cm Wt: 75 kgs  
 Visual Acuity: Right Eye: 20/20 Left Eye: 20/20 -1 BMI: 31 Underweight:  Overweight:   
 (with/ without eyeglasses) Normal weight:  Obese:

**MEDICAL HISTORY**

Family History: None

Previous Hospitalization: \_\_\_\_\_

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"/> |          |
| Check / Breast         | <input checked="" type="checkbox"/> |          | BPE               | <input checked="" type="checkbox"/> |          |
|                        |                                     |          | Rectal            | <input checked="" type="checkbox"/> |          |

| LABORATORY  | Normal                              | FINDINGS | Review of Systems | 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 applied.  
 Needs treatment/ correction Obesity  
 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 \_\_\_\_\_  
 Treatment optional 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

01-10-2020  
Date Examined

[Signature]  
AMPAROT ALONSO, MD  
License No. 33180  
Medical Examiner

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