

MEDICAL EXAMINATION RECORD

Annual Physical Examination [] Pre-Employment []

Last Name Mendoza First Name Valley M.I. Magtuba Date 1/10/90

Address Casuntingan Mandauage 36 Civil Status S Sex M 140/90

Place of Birth Ozamiz City Date of Birth 02/14/83 Insurance Provider _____

Occupation _____ Name of Company Iploy Inc Tel./ Mobile no. 09222 982246

PHYSICAL EXAMINATION

Temp.: 36 °C PR: 92 bpm RR: 16 cpm BP: 140/90 mmHg Ht: 168 cm Wt: 65.5 kgs

Visual Acuity: Right Eye: 20/25 Left Eye: 20/25 BMI: 23.2 Underweight: Overweight:
(with/ without eyeglasses) Normal weight: Obese:

MEDICAL HISTORY

Family History: HPN Cramp Amputation CRP Ex smoker occ alk drink

Previous Hospitalization: HPN (father)

Menstrual History: 0 Parity 20/18 Contraceptive Use: _____

Review of Systems	Normal	FINDINGS	Review of Systems	Normal	FINDINGS
Head & Scalp	/		Lungs	/	
Eyes & Ears	/	<u>long hair</u>	Heart	/	
Skin / Allergy	/	<u>tattoos trunk</u>	Abdomen	/	
Nose & Sinuses	/		Genitals	<u>NE</u>	
Mouth / Teeth / Tongue	/	<u>dental caries</u>	Extremities	/	
Neck / Nodes	/		Reflexes	/	
Check / Breast	/		BPE	<u>not done</u>	
			Rectal		

LABORATORY	Normal	FINDINGS	Review of Systems	Normal	FINDINGS
Chest x-Ray	<u>✓</u>	<u>Old Healed Fr</u>	ECC	<u>NA</u>	
CBC	/		Other Procedures		
Urinalysis	<u>X</u>	<u>Ca. Ox.</u>			
Fecalysis					
Drug Test	<u>NA</u>				

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 HPN, Dental caries
 - [] 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: Lifestyle modifications: Amloclipin 1mg QD. 2 AM minutes

Patient's Signature

1-13-20
Date Examined

Medical Examiner

License No.