

**MEDICAL EXAMINATION RECORD**

Annual Physical Examination [ ]

Pre-Employment

Last Name Pacres First Name Jam M.I. T. Date 1/20/2020  
 Address Back Tisa # Flamingo St. C.C. Age 31 Civil Status Married Sex Female  
 Place of Birth Cebu City Date of Birth 12/30/1988 Insurance Provider \_\_\_\_\_  
 Occupation CS12 Name of Company IPLOY Tel./ Mobile no. 915 1723

**PHYSICAL EXAMINATION**

Temp.: 36.5 °C PR: 94 bpm RR: 17 bpm BP: 100/80 mmHg Ht: 159 cm Wt: 89 kgs  
 Visual Acuity: Right Eye: 20/20 Left Eye: 20/20 (with/ without eyeglasses) BMI: 28 Underweight:  Overweight:   
 Normal weight:  Obese:

**MEDICAL HISTORY**

Past Medical History: HPN since 2016. med: Lambizan  
 Family History: HPN  
 Previous Hospitalization: 2016 - HPN  
 Menstrual History: 16 y.o. Parity 0/1/1/0 LMP: Jan 2, 2020 Contraceptive Use: None

Review of Systems	Normal	FINDINGS	Review of Systems	Normal	FINDINGS
Head & Scalp	/		Lungs	/	
Eyes & Ears	/		Heart	/	
Skin / Allergy	/	<u>eggplant, shrimp</u>	Abdomen	/	
Nose & Sinuses	/	<u>eggs, dust</u>	Genitals	/	
Mouth / Teeth / Tongue	/		Extremities	/	
Neck / Nodes	/		Reflexes	/	
Check / Breast	/		BPE	/	
			Rectal	/	

LABORATORY	Normal	FINDINGS	Review of Systems	Normal	FINDINGS
Chest x-Ray	/		ECG	<u>NA</u>	
CBC	X		Other Procedures		
Urinalysis	X	<u>UTI</u>			
Fecalalysis	<u>NA</u>				
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 applied.  
 Needs treatment/ correction Obesity, CBC Result, UTI, HPN - Controlled
- 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:

Jam  
Patient's Signature

\_\_\_\_\_  
Date Examined

Miriam Romas, M.D.  
Medical Examiner  
License No. 181147