



**Medical and Dental Services Office**

Telephone No.: (+63 32) 254 1452 loc. 174

Email: [clinic@cnu.edu.ph](mailto:clinic@cnu.edu.ph)

Website: [www.cnu.edu.ph](http://www.cnu.edu.ph)

**MEDICAL EXAMINATION REPORT**

DEPARTMENT	Date	Date	Date	Date
	1 <sup>st</sup> Year	2 <sup>nd</sup> Year	3 <sup>rd</sup> Year	4 <sup>th</sup> Year

**I. DEMOGRAPHIC PROFILE**

<b>NAME:</b>			
<b>Family Name</b>	<b>First Name</b>	<b>Middle Name</b>	
Complete Address:			
Date of Birth:	Age:	Gender:	Degree Program/Major:
Civil Status:		Contact Details:	
Person to be notified in case of emergency:			
Contact details and address of the guardian:			

**II. HEALTH HISTORY**

Past Illness/es:	
Previous Hospitalization/s:	
Previous Operation/s:	
Allergy/ies (food/drug):	
<i>For Females:</i> Age of the 1 <sup>st</sup> menstruation	
1 <sup>st</sup> day of the last menstrual period	

\_\_\_\_\_  
 Name of Student/Employee  
*(Signature over printed name)*

**III. PHYSICAL EXAMINATION**

**A. General Data**

Data	1 <sup>st</sup> Year	2 <sup>nd</sup> Year	3 <sup>rd</sup> Year	4 <sup>th</sup> Year
Weight				
Height				
BMI				
Blood Pressure				
Pulse rate				
Vision				
Hearing				



Certification Date: 24 January 2024  
 Recertification due date: 24 January 2027  
 For verification of the certificate please access [www.gcl-intl.com](http://www.gcl-intl.com) (Certification check and type the registration number)





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**B. PERTINENT FINDINGS**

System	1 <sup>st</sup> Year Findings	2 <sup>nd</sup> Year Findings	3 <sup>rd</sup> Year Findings	4 <sup>th</sup> Year Findings
Abdomen				
Back				
Breast/Axillae				
Chest/Lungs				
EENT				
Extremities				
Heart				
Mouth/Throat				
Neck/Thyroid				
Reflexes				
Skin				

**C. LABORATORY RESULTS**

Laboratory	Date	Date	Date	Date
Chest X-Ray				
CBC				
Urinalysis				
Others: <i>Blood</i>				

I certify that I have examined and found the student to be physically fit for schooling.

1 <sup>st</sup> Year Remarks	2 <sup>nd</sup> Year Remarks	3 <sup>rd</sup> Year Remarks	4 <sup>th</sup> Year Remarks
<i>DR. MARNIE M. SALVE</i> Internal Medicine Lic. # 84619	<i>DR. MARNIE M. SALVE</i> Internal Medicine Lic. # 84619	<i>DR. MARNIE M. SALVE</i> Internal Medicine Lic. # 84619	<i>DR. MARNIE M. SALVE</i> Internal Medicine Lic. # 84619



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