



Medical and Dental Services Office

Telephone No.: (+63 32) 254 1452 loc. 174
 Email: clinic@cnu.edu.ph
 Website: www.cnu.edu.ph

MEDICAL EXAMINATION REPORT

DEPARTMENT	Date	Date	Date	Date
	1 st Year	2 nd Year	3 rd Year	4 th Year

I. DEMOGRAPHIC PROFILE

NAME:			
Family Name	First Name	Middle Name	
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 st menstruation	
1 st day of the last menstrual period	

 Name of Student/Employee
(Signature over printed name)

III. PHYSICAL EXAMINATION

A. General Data

Data	1 st Year	2 nd Year	3 rd Year	4 th 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 (Certification check and type the registration number)





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B. PERTINENT FINDINGS

System	1 st Year Findings	2 nd Year Findings	3 rd Year Findings	4 th 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 st Year Remarks	2 nd Year Remarks	3 rd Year Remarks	4 th 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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