



## MEDICAL EXAMINATION REPORT

<input type="radio"/> UNDERGRAD	<input type="radio"/> EMPLOYEE	BLOOD TYPE:	
<input type="radio"/> GRAD SCHOOL		DEPARTMENT	
<input type="radio"/> ILS		1ST	2ND
		3RD	4TH

I. DEMOGRAPHIC PROFILE			BLOOD TYPE:	
FAMILY NAME		FIRST NAME	MIDDLE NAME	GENDER: <input type="radio"/> F
				<input type="radio"/> M
DATE OF BIRTH:		AGE:	CONTACT DETAILS:	
COMPLETE ADDRESS:				
CIVIL STATUS:		DEGREE PROGRAM/ MAJOR:		

II. IN CASE OF EMERGENCY	
PERSON TO NOTIFY:	RELATIONSHIP:
CONTACT NUMBER:	

III. HEALTH / MEDICAL HISTORY:	
PAST ILLNESSES: Put a (✓) on items that applies. N / A if not applicable.	
<input type="radio"/> ASTHMA <input type="radio"/> HYPERTENSION <input type="radio"/> DIABETES	<input type="radio"/> TB <input type="radio"/> PNEUMONIA <input type="radio"/> DENGUE
OTHERS, please specify: _____	
PREVIOUS HOSPITALIZATIONS OR OPERATIONS:	
ALLERGIES (FOOD/ DRUG):	
For Females: Age of 1st menstruation:	

IV. PHYSICAL EXAMINATION		Signature over printed name of Student / Employee	
A. GENERAL DATA			
DATA	1ST YEAR	2ND YEAR	3RD YEAR
WEIGHT			
HEIGHT			
BMI			
BP			
HR / PR			
VISION			
HEARING			
LMP (females only)			

\*\*\* LMP : 1st day of your last menstrual period

NOTES:





### B. PERTINENT FINDINGS

SYSTEM	1ST YEAR		2ND YEAR		3RD YEAR		4TH YEAR	
SKIN								
EENT								
NECK/ THYROID								
MOUTH/ THROAT								
BREAST/ AXILLAE								
CHEST/ LUNGS								
HEART								
ABDOMEN								
BACK								
REFLEXES								
EXTREMITIES								

### C. LABORATORY RESULTS

LABORATORY		1ST YEAR		2ND YEAR		3RD YEAR		4TH YEAR	
<b>CHEST X-RAY</b> <i>(6 MONTHS)</i>									
<b>CBC</b> <i>(1 WK. ONLY)</i>	WBC								
	RBC								
	HGB								
	HCT								
	PLT								
<b>UA</b> <i>(1 WK. ONLY)</i>	CHON								
	GLUCOSE								
	NITRITE								
	KETONES								
	BILIRUBIN								
	UROBILINO								
	RBC								
	WBC								
	AMORPH								
	CRYSTALS								
	BACTERIA								
<b>DRUGTEST (1 YR)</b>									

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

1st year	2nd year	3rd year	4th year
DR. MARNIE M. SALVE Lic. No. 84619	DR. MARNIE M. SALVE Lic. No. 84619	DR. MARNIE M. SALVE Lic. No. 84619	DR. MARNIE M. SALVE Lic. No. 84619



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)

