



MEDICAL EXAMINATION REPORT

- ☐ UNDERGRAD ☐ EMPLOYEE
☐ GRAD SCHOOL
☐ ILS

DEPARTMENT	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"/> TB	<input type="radio"/> OTHERS, please specify:
<input type="radio"/> HYPERTENSION	<input type="radio"/> PNEUMONIA	
<input type="radio"/> DIABETES	<input type="radio"/> DENGUE	
PREVIOUS HOSPITALIZATIONS OR OPERATIONS:		
ALLERGIES (FOOD/ DRUG):		
For Females: Age of 1st menstruation:		

IV. PHYSICAL EXAMINATION

A. GENERAL DATA

Signature over printed name of Student / Employee

DATA	1ST YEAR	2ND YEAR	3RD YEAR	4TH YEAR
WEIGHT				
HEIGHT				
BMI				
BP				
HR / PR				
VISION				
HEARING				
LMP (females only)				

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

NOTES:



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)



SDF- MDS-291-006-04

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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	
CHEST X-RAY <i>(6 MONTHS)</i>									
CBC <i>(1 WK. ONLY)</i>	WBC								
	RBC								
	HGB								
	HCT								
	PLT								
UA <i>(1 WK. ONLY)</i>	CHON								
	GLUCOSE								
	NITRITE								
	KETONES								
	BILIRUBIN								
	UROBILINO								
	RBC								
	WBC								
	AMORPH								
	CRYSTALS								
	BACTERIA								
DRUGTEST (1 YR)									

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



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