HEALTH SERVICES SECTION UNIVERSITY OF THE PHILIPPINES MINDANAO Mintal, Tugbok District, Davao City

PHYSICAL EXAMINATION

Prin.											AGE		Ci	vil Sta	atus		
1 (11 11)	·12.			(f	first)		(middl				TIGE,		0	, 11 200	us_		
STU	DEN	TNO)				·		COU	RSE:							
ADDRESS TEL NO							NO										
							DDE	OTA	im or	T) A (T))	ria						
			(D	011/4 14	wita o	n this	PKE part.		NT S			in aresis	u Dh	sioian	•)		
			(D	miw	THE O	n mus	pari.	ιυ υ	jiiiei	i vui v	y Oni	iversii	y 1 ny	sician	ι)		
PH	YSIC	CAL:	;				tic										
HE	AD A	AND	FA(\mathbf{CE}													
									Far 1					Far			
Eyes																	
Fare																	
Lais							IIII Im _l										
Nose																hypertro	ophied
																	, p c
Pala Phar Tons Cerv Necl Thys	te: No rynx: sils (I vical a k: Ab roid:	others ormal Inflan n Nor adeno norma Norm mediu	cleft, med, of mal, lopathy all puls all, en um, ha	ulcerdischanyperty: No, sational larged	ated, orges, rophic Yes, scars lSli hers	others ulcera ed, se locati s, cyst ghtly,	nted, gr ptic) on s: , mode	ranulo	es y, mar	ked, o	(c	out: No	onsep fused,	tic-tag	, Sep	tic-tag)	
18	17	16	15	14	13	12	11		21	22	23	24	25	26	27	28	
R							_ R	_, _									
48	4 7	46	45	44	43	42	41		31	32	33	34	35	36	37	38	
70	77	70	7.5	7-7	7.5	72	41		31	32	33	34	33	30	31	36	
Pros	ecayed thetic	denta	ıl app	liance	s		tracted										
Exa	mined	d by:_	entis	t's na	me &	signa	l ature	PTR I	NO			D	ate:				

GENERAL MEDICAL:

		fair, poor:							
Nutrition: Over, under, good Constitution Type: Asthonic	1, fair:	dysplastic, mixed							
		y, epithrochlear, inguinal),							
Others:									
Lungs: Respiration/min	X-rav findi	ngs:							
Heart: Pulse rate/min: sitting	g:; 1 min	after exercise; 5mins. after							
Breast:									
Blood Pressure :	Ter	nperature:							
SURGERY AND G.U.:									
		es, None							
		stulas, Hemorrhoids, others							
		sticular atrophy, varicocele, undescended							
Spine: Kyphosis, Lordosis, L	imited motion, tend	lerness							
Extremities: Edema, varicos	e, atrophy, hypertro	ophy, paralysis, others							
DERMATOLOGY:									
Skin: General: Anhydrosis, h	yperhidrosis, jaund	lice, cyanosis, pallor, pigmentation							
Local: Petechiae, edema, callus, pigmented naevi									
		Location							
Vaccination Mark (location	.)								
Activity: I - Unlimited; III- Restricted and		Reconstructive; V -No activity							
Abnormalities I	Found	Medical Advice / Presriptions							
Medical examination									
The above findings as	re certified true and	correct at the time and date of examination.							
	Examined By:								
	Physician's name & Signature								
	PTR NO.:								
	Date & Place:								