

Republic of the Philippines
Department of Education
Region X
DIVISION OF MALAYBALAY
Malaybalay City

PHYSICAL AND MEDICAL HEALTH RECORD

Date: _____ School: _____ District: _____
Name: _____ Sex: _____
Age: _____ Race: _____
Civil Status: _____ Birth Place: _____
Address: _____

1. Vital Signs:
Weight _____ Height _____
Temp. _____ BP _____
PR _____ RR _____

2. Eyes:

3. Color perception

4. Vision:
V.A. OD: _____
OS: _____
Near AD: _____

5. Ears:

6. Hearing:
Ordinary conversation
AD: _____ ft. AS: _____ ft.

7. Nose:

8. Mouth:

9. Throat:

10. Neck:

11. Respiratory System:

Chest X-Ray
No. _____ Date: _____
PL _____
LL _____

12. Circulatory System:
Pulse Sitting: _____
Agility Test: _____
After 2 minutes: _____

13. Digestive System:

14. Genito-Urinary

15. Skin:

16. Back and Spine:

17. Extremities:

18. Nervous System:

19. Immunization:

20. Remarks:

21. Recommendation:

M.D.
Medical Examiner

Date

Signature of Patient