

Print

NAME: \_\_\_\_\_ AGE \_\_\_\_\_ Civil Status \_\_\_\_\_  
(Last) (First) (Middle)

**STUDENT NO.** \_\_\_\_\_ **COURSE:** \_\_\_\_\_

<b>ADDRESS</b>	<b>TEL NO.</b>
----------------	----------------

*(Don't write on this part. To be filled out by University Physician)*

**PHYSICAL:**      **Height:** \_\_\_\_\_ **cm**                      **Weight:** \_\_\_\_\_ **lbs.**  
**Posture:** Lordotic \_\_\_\_\_ ; Scoliotic \_\_\_\_\_ ; Athletic \_\_\_\_\_

	Far	Near		Far	Near
<b>Eyes:</b> Right:	General condition_____	vision_____	with glasses_____		
Left:	Generalcondition_____	vision_____	with glasses_____		
Gross imbalance_____		Color vision_____	Pupil Reflexes_____		

**Ears:** Right: Cerumen: Excessive \_\_\_\_\_ Impacted \_\_\_\_\_, eardrum \_\_\_\_\_ discharge \_\_\_\_\_  
Left: Cerumen: Excessive \_\_\_\_\_ Impacted \_\_\_\_\_, eardrum \_\_\_\_\_ discharge \_\_\_\_\_

**Nose:** (check): Chronic infection, polyps, dev.septum, spur, and  
Hypertrophied turbinate \_\_\_\_\_ Discharge: \_\_\_serious\_\_\_ purulent,  
foul

**Tongue:** Coated, Swollen, Atrophied, dehydrated, deviates from left to right, tremors, and others

**Palate:** Normal cleft, ulcerated, others

**Pharynx:** Inflamed, discharges, ulcerated, granules

**Tonsils** (In Normal, hypertrophied, septic)

**Cervical adenopathy:** No, Yes, location (out: Nonseptic-tag, Septic-tag)

**Neck:** Abnormal pulsation, scars, cysts: \_\_\_\_\_

**Thyroid:** Normal, enlarged---Slightly, moderately, marked, operated, defused, nodular soft, medium, hard, others

**General Health Appearance:** Excellent, good, fair, poor:

**Nutrition:** Over, under, good, fair:

**Constitution Type:** Asthenic, athletic, pyknic, dysplastic, mixed

**Lymph Nodes:** enlarge, tender (cervical, axillary, epitrochlear, inguinal),

Others: \_\_\_\_\_

**Chest:**

**Lungs: Respiration/min**                      **X-ray findings:**

**Heart:** Pulse rate/min: sitting: \_\_\_\_\_; 1 min after exercise \_\_\_\_\_; 5mins. after \_\_\_\_\_

**Breast:** \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_,

**Blood Pressure:** \_\_\_\_\_ **Temperature:** \_\_\_\_\_

**Extremities:** Edema, varicose, atrophy, hypertrophy, paralysis, others

**Skin:** General: Anhydrosis, hyperhidrosis, jaundice, cyanosis, pallor, pigmentation

Local: Petechiae, edema, callus, pigmented naevi

[illegible]

**Vaccination Mark** (location)

## History of Surgery (What & When) \_\_\_\_\_

Activity: I - Unlimited; II- Unlimited with Observation;  
III- Restricted and Corrective; IV -Reconstructive; V -No activity

### Medical examinations

Examined By:\_\_\_\_\_

Physician's Name &amp; Signature

PTR NO.:\_\_\_\_\_

Date & Place: \_\_\_\_\_