MEDICAL EXAMINATION FORM

NAME: _____ SEX: _____ AGE: _____
COMPANY: _____ CIVIL STATUS: _____
CONTACT NO: _____ NATURE OF WORK: _____
COMPELETE ADDRESS:_____
REQUESTED FOR: _____ Periodic Health Examination_____ Pre-Employment_____Medical Evaluation

I. PAST MEDICAL HISTORY

Childhood Illnesses: ___ Measles___Mumps___Rubella___Chicken Pox___ Rheumatic Fever____ Polio
Present Illnesses: ___ HTN___ DM___ Asthma___ PTB___ Goiter___ CA___ Allergies___ Others
Medical Illnesses taking maintenance medications:

_____

_____

Surgeries: _____
Hospitalizations: _____

II. FAMILY HISTORY:

	Yes	No	Remarks
Allergy:	☐	☐	_____
Arthritis:	☐	☐	_____
Bronchial Asthma:	☐	☐	_____
Pulmonary Tuberculosis:	☐	☐	_____
Hypertension:	☐	☐	_____
Thyroid Disease:	☐	☐	_____
Neurological Disorders:	☐	☐	_____
Diabetes Mellitus:	☐	☐	_____
Heart Disease:	☐	☐	_____
Gastrointestinal Disease:	☐	☐	_____
Kidney Disease:	☐	☐	_____
Blood Disorder:	☐	☐	_____
Psychiatric Illness:	☐	☐	_____
Others:	☐	☐	_____

III. PERSONAL & SOCIAL HISTORY

	Yes	No	Remarks
Smoking History:	☐	☐	_____
Alcohol Intake:	☐	☐	_____
Allergies:	☐	☐	_____
Drug Use:	☐	☐	_____

For Women: G___P___(___-___-___-____) LMP:_____

IV. REVIEW OF SYSTEMS

	Yes	No	Remarks
Skin:	☐	☐	_____
Sight/Hearing:	☐	☐	_____
Chest/Breast:	☐	☐	_____
Heart/Lungs:	☐	☐	_____
Abdomen:	☐	☐	_____
Bladder:	☐	☐	_____
Bowel:	☐	☐	_____
Extremities:	☐	☐	_____

Recent Changes in: _____Weight _____ Energy Level _____ Ability to sleep
Details: _____

V. PHYSICAL EXAMINATION:

General Appearance: _____ Temperature:

Height: _____ Weight: _____ Body Mass Index: _____

BP: _____ PR: _____ RR: _____

Visual Acuity: _____ OD _____ OS _____

	With Objective Findings ? Yes	No	Remarks
Head	☐	☐	_____
Eyes & Ears	☐	☐	_____
Nose & Sinuses	☐	☐	_____
Mouth	☐	☐	_____
Neck, Nodes & Thyroid	☐	☐	_____
Chest & Breast	☐	☐	_____
Heart & Lungs	☐	☐	_____
Abdomen	☐	☐	_____
Pelvic Exam	☐	☐	_____
Skin & Glands	☐	☐	_____
Extremities	☐	☐	_____
Neurological Exam	☐	☐	_____

VI. OTHER EXAMINATIONS

	With Objective Findings? Yes	No	Remarks
Chest X-ray	☐	☐	_____
Urinalysis	☐	☐	_____
CBC	☐	☐	_____
ECG	☐	☐	_____
Blood Chemistry	☐	☐	_____
Fecalysis	☐	☐	_____

VII. IMPRESSION:

_____

_____

_____

VIII. RECOMMENDATIONS

_____

_____

Pre-employment Classification:

_____A. Medically Fit for Employment

_____B. Medically Ft for Employment with Minimal Findings

_____C. With Obvious Defect but Maybe Employed at Management's Discretion

_____D. Medically Unfit for Employment

_____E. With Pendings: _____

Medical Evaluation Decision:

_____For Completion of Medical Evaluation

_____Approved for Membership

_____Disapproved for Membership

_____To Sign Waiver for _____

Medical Examiner: _____ _____

License No: _____ Clinic Operations Manager

Date Examined: _____