

GENERAL MEDICAL:

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:** _____

SURGERY AND G.U.:

Abdomen _____ Scar: Yes, _____ Location _____ None _____

Hernia (direct, indirect, and complete) Anus: Fistulas, Hemorrhoids, others _____

Genitalia: Discharges, scar, tumor, phimosis, testicular atrophy, varicocele, undescended testis, hydrocele _____

Spine: Kyphosis, Lordosis, Limited motion, tenderness _____

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

DERMATOLOGY:

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

Local: Petechiae, edema, callus, pigmented naevi _____

Skin disease _____ Location _____

Vaccination Mark (location) _____

CLASSIFICATION: Health Rating: A B C D

Activity: I - Unlimited; II- Unlimited with Observation;

III- Restricted and Corrective; IV -Reconstructive; V -No activity

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<i>Abnormalities Found</i>	<i>Medical Advice / Prescriptions</i>

Medical examination

The above findings are certified true and correct at the time and date of examination.

Examined By: _____

Physician's name & Signature

PTR NO.: _____

Date & Place: _____