



**UNIVERSITY OF THE PHILIPPINES VISAYAS
HEALTH SERVICE UNIT
Miagao, Iloilo**



PERIODIC HEALTH EXAMINATION

Year of Examination _____

Date (MM/DD/YYYY): _____

PLEASE PRINT LEGIBLY. USE BLACK OR BLUE INK. MARK APPROPRIATE BOXES WITH CHECK (✓). PRINT ON A4 PAPER BACK TO BACK.

Last Name			First Name			Middle Initial	
Age	Sex	Birthdate (MM/DD/YYYY)	Civil Status	Student/Employee No.	College/Division/Unit	<input type="checkbox"/> Student	<input type="checkbox"/> Employee

ADDITIONAL DATA INFORMATION SHEET

Present Mobile Number:	Network:
Present Address in Miagao:	
Name of Landlord/Landlady/Dorm Head:	
Contact Number of Boarding House/Dormitory:	
Guardian/Person to be contacted in CASE OF EMERGENCY, especially if PARENTS are not available (Preferably within Panay Island):	
Name:	Relationship:
Address:	Landline Number:
	Mobile Number:
	Network:

PAST OR CURRENT MEDICAL PROBLEMS (Do not leave blanks. Write either: **NA or Not Applicable; Unrecalled; or None**)

Medical Condition	When Identified	Maintenance Medications If Any

Allergies: FOOD _____ DRUG _____ ENVIRONMENTAL AGENTS/FACTORS _____

Hospitalization: _____ Operations: _____

FAMILY HISTORY (Check and indicate closest family member affected. Do not leave blanks. Write either: **NA or Not Applicable; Unrecalled; or None**)

	Yes	No	Relationship		Yes	No	Relationship
Cancer				Bronchial Asthma			
Heart Disease				Allergies/Allergic Rhinitis			
High Blood Pressure				Mental Disorder/Problem			
Stroke				Digestive Disturbances			
Tuberculosis				Convulsions/Neurologic Problems			
Kidney Disease				Bleeding Problems/Blood Disorders			
Diabetes				Others: _____			

LIFESTYLE EVALUATION (Do not leave blanks. Write either: **NA or Not Applicable; Unrecalled; or None**)

Lifestyle	What to describe?	Description of behavior
Diet	High or Low or Just Right Carbohydrate/Fat/Fiber/Salty/Sweet	
Tobacco/Smoking	If active: duration and quantity	
Alcohol	Quantity and Frequency	
Physical Activity/Sports Activity	Type and number of hours per week	
Sexual Activity		
Personal Hygiene		

RECURRING SYMPTOMS IF ANY (Write the symptoms that is causing concern. Do not leave blanks. Write either: **NA or Not Applicable; Unrecalled; or None**)

General		Heart		Muscles/Joints	
Head/Neck		Abdomen		Blood related	
Chest/Lungs		Back		Others	
Sense Organs (Eyes, Ears, Nose)		Skin			
For FEMALES:	Previous Menstrual Period	Last Menstrual Period	Flow	Duration (Days)	<input type="checkbox"/> Regular <input type="checkbox"/> Irregular

OBGyne History (TO BE FILLED UP WITH THE CLINIC NURSE ON DUTY DURING INTERVIEW): G _____ P _____ (F _____ P _____ A _____ L _____)

IMMUNIZATIONS (Please indicate booster doses. Do not leave blanks. Write either: **NA or Not Applicable; Unrecalled;** or **None**)

Vaccine	Given When (MM/YYYY)	Vaccine	Given When (MM/YYYY)
Influenza		HPV	
Pneumonia		Varicella/Chicken Pox	
Hepatitis A		Typhoid	
Hepatitis B		Rabies	
MMR		DTaP/Tetanus	
COVID-19 -> Name of Vax:	2 nd Dose:	BOOSTER -> Name of Vax:	

PHYSICAL EXAMINATIONS

Height (cm)	Weight (kg)	BP (mmHG)	PR (bpm)	BMI
VISION TEST		Right Eye	Left Eye	
		Far	Far	
		Near	Near	

(DO NOT WRITE beyond this line, to be FILLED out by the PHYSICIAN.)

ORGAN SYSTEM	Essentially Normal	Findings if Abnormal
Skin		
HEENT		
Neck		
Chest and Lungs		
Heart		
Abdomen		
Genitalia		
Back		
Skin		
Extremities		

LABORATORY/DIAGNOSTIC PROCEDURES

Laboratory/Diagnostic	Pertinent Results	Findings/Diagnosis
CBC		
Urinalysis		
Fecalalysis		
CXR PA		
Drug Test		
Others:		

OVERALL HEALTH ASSESSMENT/DIAGNOSIS:

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EMPLOYEE CLASSIFICATION		STUDENT CLASSIFICATION	
	Fit for employment: Class A		Fit to enrollment with no PE restrictions
	Fit for employment: Class B		Fit for enrollment but with PE restrictions
	Fit for employment: Class C		Fit for enrollment but hold chart temporarily
	Not fit for employment		Not fit for enrollment

RECOMMENDATIONS/REMARKS:

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Examining Physician: _____

PRC License Number: _____

[BMI: Underweight (<18.5), Good/Normal (18.5-23), Overweight (23-27.4), Obese (27.5-37.4), Extremely Obese (>37.5)]

{Class A – Physically fit for any work; Class B – Physically under-developed or w/ corrective defects (EOR, dental carries, defective hearing) but otherwise fit to work; Class C – Employable but owing to certain impairments or conditions (heart disease, HPN, DM2) requires special placement or limited duty in a specified or selected assignment requiring follow-up treatment/periodic evaluation; Class D – unfit or unsafe for any type of employment (active TB, advanced heart disease w/ threatened heart failure, malignant HPN)}