



Republic of the Philippines
Department of Education
CARAGA REGION
DIVISION OF BUTUAN CITY

HEALTH EXAMINATION RECORD

Name: _____ Sex: _____ Civil Status: _____
Place of Birth: _____ School Assigned: _____
Date of Birth: _____ Type of Work: _____

1. Date: _____ Age: _____ Height: _____ Weight: _____
2. Temp: _____
3. Respiratory System: _____
4. X-Ray Film No. _____ Date: _____
Right Lung: _____
Left Lung: _____
Mediastinum: _____
Impression: _____
Recommendation: _____
5. Circulatory System :
Blood Pressure: _____ Systolic: _____ Diastolic: _____
Pulse: _____ Sitting: _____ Agility Test after 5 min. : _____
Blood Analysis: _____
6. Digestive System: _____
7. Genito/Urinalysis: _____
8. Loco Motor System: _____
9. Nervous System: _____
10. Skin: _____
11. Eyes, Conjunction: _____
12. Color Perception: _____
13. Vision, w/, w/o glasses: _____
14. Ears: _____
15. Hearing: _____
16. Nose: _____
17. Throat: _____
18. Teeth and Gums: _____
19. Immunization : _____
20. Remarks: _____
21. Recommendation: _____

22. Employee's Signature: _____
23. Physician's Signature: _____

Checked by:

District Nurse