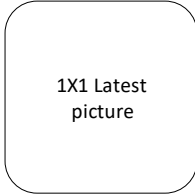


 PHILIPPINE NORMAL UNIVERSITY NORTH LUZON <i>The National Center for Teacher Education</i> <i>The Indigenous Peoples Education Hub</i> Alicia, Isabela		Reference No.	PNU-NL-2025-OHS-FM-003
		Issue No.	01
		Rev. No.	00
		Date:	08/19/2025
		Page	1/1
OHS	PHYSICAL EXAMINATION FORM	DC No.	CC08192025-019

Date / _____



LAST NAME / _____ FIRST NAME / _____ M.I. / _____
Contact number / _____
Contact person in case of emergency / _____
Relationship / _____ Contact number / _____

MEDICAL HISTORY AND PHYSICAL EXAMINATION DETAILS

Physical Examination (to be filled up by a nurse or doctor)

Blood Pressure	Pulse Rate	Right Vision	Height
Respiratory Rate/O2 Sat	PR after Agility Test	Left Vision	Weight
Temperature	Remarks	Corrective Lenses	BMI

Medical History	Medications	Social History	Please check
1.		Smoking	
2.		Drinking	
3.		Working	
4.			
Surgical operations:		Date:	

Physical Findings	Normal (Please Check)	Abnormal Findings	Diagnosis:
Head and Neck			Remarks/Recommendations: <input type="checkbox"/> Physically Fit <input type="checkbox"/> For Clearance:
EENT			
Lungs			
Heart			
Abdomen			
Extremities			
Chest X-Ray			
Drug Test			

Nurse

DR. MA. CELINE N. PAGUILA
Examining Physician
Lic No. 115553
Clinic Address PNUNL, ALICIA, ISABELA

