

Republic of the Philippines
Department of Health
BUREAU OF HEALTH
Dumaguete City

(Date)

This is to certify that Mr./Mrs./Miss _____
(Name)

(Position)

(Place of Assignment)

has submitted for Physical Examination on this date in accordance with Ordinance No. 37, of the Honorable City Council, requiring city government teachers and employees of Dumaguete City to undergo physical examination every year.

Remarks: _____

Recommendation: _____

City Health Officer

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City Health Officer

**BUREAU OF HEALTH
MANILA
HEALTH EXAMINATION RECORD**

NAME : _____

OFFICE : _____

(If Teacher, what school)

Address: _____

Type of Work: _____

AGE: _____ SEX: _____ CIVIL STATUS: _____

HEIGHT _____ cm. WEIGHT _____ kls.

1. Respiratory System:

Flouragraphy:

R. Lung _____

L. Lung _____

Temperature: _____

2. Circulatory System:

Blood Pressure:

Systolic: _____

Diastolic: _____

Pulse:

Sitting: _____

Agility Test: _____

After 2 min. _____

3. Digestive System:

4. Genito - Urinary:

5. Skin

6. Locomotor System:

7. Nervous System:

Date of Examination

Medical Examiner

8. Eyes:

Color Perception _____

Vision Test

Distant Vision

Without Glasses:

R. Eye _____

L. Eye _____

With Glasses:

R. Eye _____

L. Eye _____

Vision Test:

Near Vision

Without Glasses

R. Eye _____

L. Eye _____

With Glasses

R. Eye _____

L. Eye _____

9. Ears:

Hearing:

R. Ear: _____

L. Ear: _____

Tickling of Watch:

R. Ear: _____

L. Ear: _____

Conversion:

R. Ear: _____

L. Ear: _____

10. Nose:

11. Throat:

12. Tooth and Gums:

13. Immunization:

14. Remarks:

15. Recommendation:

Signature of Examinee



Thumb mark