

Name of Student: _____
UP Student No.: _____

Dear Parent/Guardian:

Please request the examining physician and dentist to fill out this form as a summary of their recommendations. The student has the option to come to the University Health Service for any of the services and dental procedures mentioned below, most of which may be availed of at discounted rates.

Committee on Pre-enrolment Physical Examination

A. Medical Recommendations

- ☐ Consult an Ophthalmologist (Eye)
☐ Consult a Dermatologist
☐ Consult an ENT doctor
☐ Consult an Orthopedic Surgeon
☐ Consult at Nutrition Clinic ☐ Underweight ☐ Overweight Obese ☐
☐ Others: _____
☐ None

Examining Physician
Date:

B. Dental Recommendations

- ☐ Oral prophylaxis
☐ Filling, tooth # _____
☐ Extraction, tooth # _____
☐ Pit and fissure sealant _____
☐ Fluoride treatment _____
☐ See specialist for consultation: ☐ Pedodontist ☐ Endodontist
 ☐ Orthodontist ☐ Periodontist
 ☐ TMJ Specialist ☐ Prosthodontist
 ☐ Oral Surgeon ☐ Implantologist
☐ Others: _____
☐ None

Examining Dentist
Date: