UPHS FORM NO. 2-C
Revised 03/11/2019

Print

Name _____ Age : _____ Sex : _____ Civil Status : _____

(Last) (First) (Middle)

(Do not write below this line. To be filled out by the physician)

Vital signs and anthropometric measurements:

Pulse rate: _____beats/min. Blood Pressure: _____mmHg Respiratory Rate: _____breaths/min. Temperature: _____ °C

Height : _____ cm. Weight : _____ kg. Body Mass Index : _____
[wt. in kg./(ht. in m.)^2]

BMI Cut-Offs

Underweight
___ Severe Thinness <16.00
___ Moderate Thinness 16.00-16.99
___ Mild Thinness 17.00-18.49

___ **Normal** 18.50-24.99

Pre-obese
___ Overweight 25.00-29.99

Obese
___ Obese 1 30.00-34.99
___ Obese 2 35.00-39.99

General Health Appearance : excellent, good, fair, poor

Visual Acuity:

	Without Glasses		With Glasses/Contact Lens	
	FAR	NEAR	FAR	NEAR
Right:	_____ :	_____	_____ :	_____
Left:	_____ :	_____	_____ :	_____

Color vision : _____

Please check appropriate box whether findings are normal or abnormal for each organ/system; if with abnormal findings, please describe findings below

Organs/Systems:	Normal	Abnormal	If abnormal, please describe findings
Skin			
Head/Scalp			
Eyes			
Ears			
Nose			
Mouth/Oropharynx			
Neck			
Heart			
Lungs			
Back/Spine			
Abdomen			
Extremities			
Genito-urinary/Ano-reactal			
Neurologic			

Chest x-ray findings: _____

Activity: I Unlimited II Unlimited with observation III Resticted and corrective IV Reconstructive V No Activity

ASSESSMENT

_____

RECOMMENDATIONS*

* Examining Government Physician should affix his/her signature on the appropriate recommendation below.

_____ **There is NO ABSOLUTE CONTRAINDICATION to enrol at UP, at the time of examination.**
(Name and signature of Physician)

_____ **The student is NOT FIT to enrol at this time.**
(Name and signature of Physician)

_____

PRC License #/Hospital Affiliation: _____
Hospital Address: _____
_____Date examined: _____