



Republic of the Philippines  
**CATANDUANES STATE COLLEGES**  
 Virac, Catanduanes

**MEDICAL AND DENTAL SERVICES**

B.S. FORM NO. 86

**HEALTH EXAMINATION RECORD**

Name: \_\_\_\_\_ Office: \_\_\_\_\_  
 Address: \_\_\_\_\_ Type of Work: \_\_\_\_\_  
 Age: \_\_\_\_\_ Civil Status: \_\_\_\_\_ Sex: \_\_\_\_\_

<b>Height</b>	
<b>Weight</b>	
<b>Respiratory System</b>	
Fluoroscopy	
Lungs	
Heart	
<b>Circulatory System</b>	
Blood Pressure	
Systolic	
Pulse Setting	
Agility Test	
2 minutes after	
<b>Digestive System</b>	
<b>Genito-Urinary</b>	
<b>Urinalysis</b>	
<b>Skin</b>	
<b>Locomotive System</b>	
<b>Nervous System</b>	
<b>Eyes</b>	
<b>Color Perception</b>	
<b>Vision</b>	
Right	
Left	
Without glasses, Right	
Without glasses, Left	
<b>Ears</b>	
<b>Hearing</b>	
<b>Nose</b>	
<b>Throat</b>	
<b>Tooth/Gums</b>	
<b>Immunization</b>	
Remarks	
Recommendation	

\_\_\_\_\_  
 Signature of Examining Physician

\_\_\_\_\_  
 Signature of Applicant

Date: \_\_\_\_\_

Place: \_\_\_\_\_

\_\_\_\_\_  
 His/Her Thumbmark