



PHILIPPINE GENERAL HOSPITAL
The National University Hospital
University of the Philippines Manila
DEPARTMENT OF FAMILY AND COMMUNITY MEDICINE
Taft Avenue, Manila

PHIC-Accredited Health Care Provider
ISO 9001 Certified

HEALTH EXAMINATION FORM FOR PGH / UP MANILA EMPLOYEES AND STUDENTS

Name:		Date (mm/dd/yyyy):		
Department/ College/ Unit:		Purpose:		
Position/ Course & YL:		<input type="radio"/> Preemployment/ Promotion <input type="radio"/> Annual Health Examination		
Employee Number/ Student Number:				
Medical History: Indicate present/past illnesses including medications				
Family History: Check diseases present in family members and indicate relation				
<input type="radio"/> Hypertension		<input type="radio"/> Tuberculosis		
<input type="radio"/> Diabetes Mellitus		<input type="radio"/> Hepatitis B		
<input type="radio"/> Bronchial Asthma		<input type="radio"/> Mental Illness		
<input type="radio"/> Cancer		<input type="radio"/> Others (specify)		
Vaccination History:	Date given	COVID	Brand	Date given
Hepatitis B		1 st dose		
Varicella		2 nd dose		
MMR		3 rd dose		
Tdap/ Td		4 th dose		
Others		5 th dose		
Test:	Date of test	Result of test		
Chest x-ray				
HbsAg				
Anti-Hbs				
RPR/ VDRL				
Varicella IgG				
Drug Test				
Urinalysis				
Psychological Test				
Physical Examination:		Physician's Certification: Class: _____		
BP	Height	I certify that all information provided were reviewed. His/her physical and mental health examination showed findings below:		
HR	Weight			
RR	BMI			
Temp	VA OD OS			
HEENT				
Chest/Lungs		Name/ Signature: License number: Date signed:		
Heart				
Extremities				
Other Findings				