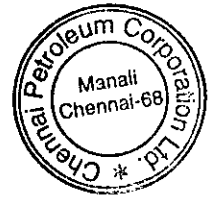


APPEARANCE					BLOOD GROUP	TEMP	HEIGHT	WEIGHT
DEFORMITIES								
SKIN								
EYES	VISION	WITHOUT GLASSES		WITH GLASSES		COLOUR BLINDNESS	DISEASE	
		RIGHT	LEFT	RIGHT	LEFT			
	NEAR					YES		
	FAR					NO		
EARS	Hearing whispered voice at	RIGHT	LEFT	CANALS		EAR DRUMS	DISEASE	
MOUTH & UPPER RESPIRATORY	TONGUE & TONSILS					SINUSES		
	TEETH		SIX OPPOSING PAIRS INCLUDING DENTURES YES / NO			DISEASE		
	MISSING	GARIOUS						
LYMPHATIC & ENDOCRINE	LYMPH NODES					THYROID		
RESPIRATORY	THORAX AND BREASTS					LUNGS		
CARDIOVASCULAR	PULSE	HEART SIZE	BLOOD PRESSURE	MURMURS		ARTERIES		
				Organic	Functional	VEINS		
ABDOMEN	ORGANS			MASSES		HERNIA		
GENITO-URINARY	VENEREAL DISEASE		EXTERNAL AND INTERNAL GENITALIA				OTHERS	
	YES	NO						
RECTAL	SPHINCTER		HEMORRHOIDS	MASSES		BLEEDING	PROSTATE	
MUSCULO-SKELETAL	MUSCLETONE				ATROPHY		EXTREMITIES	
	EDEMA	PERIPHERAL PULSES	SPINE		ABNORMALITIES			
NERVOUS SYSTEM	ABNORMALITIES				REFLEXES	RIGHT	LEFT	
	ROMBERG			TEMPERAMENT		REMARKS		
LABORATORY & X-RAY	URINE ANALYSIS					CHEST X-RAY		
	Spec. Gr	ALBUMIN	SUGAR	MICROSCOPIC				
	HGB	RBC	WBC	POLYS	LYMPH	MONO	EOS	SEROLOGY
	OTHER PROCEDURES							
EXPLANATION OF ALL ABNORMAL FINDINGS								
CONSULTATIONS								
CONCLUSIONS & RECOMMENDATIONS								
TICK FOR	PERIODIC (DATE)		OTHER (DATE)			REASON		
MEDICAL EXAMINER	DATE		ADDRESS			SIGNATURE		

PERIODIC HEALTH INVENTORY

TO BE FILLED OUT BY MEDICAL DOCTOR NOT BELOW THE RANK OF A CIVIL ASST. SURGEON



NAME		ADDRESS	BIRTH DATE
COMPANY		LOCATION	YEARS SERVICE
DEPARTMENT		POSITION	
FAMILY PHYSICIAN	NAME	ADDRESS	
ENVIRONMENTAL HISTORY (1)			
SUMMARY OF INTERVAL MEDICAL HISTORY (2)			

1. The environmental history must be brought up-to-date and must include a Statement regarding employee's attitude towards his work, his co-workers, his supervisors and his progress. Changes in his ambitions, his social adjustment, self-estimate, his homelife and his relations with his family must also be noted. If no environmental history has been previously recorded, a complete history should now be recorded for future reference.

2. The summary of the Interval Medical History must include : number of dispensary visits and reasons, details of interval medical problems, details of time lost due to specified disability and a resume of outside consultations.

(SEE REVERSE SIDE FOR PHYSICAL EXAMINATION RECORD)