OFFICE OF ADMISSIONS AND AID

Email: *ofad.olgms@gmail.com & admissions@olgms1955.edu.ph* ***Telephone:*** *(02)8895-8965*

MEDICAL EXAMINATION FORM

TO THE APPLICANT:
As part of your admissions application, you must accomplish this form. Please take this form (Folio Size) to a physician of your choice. You are responsible for completing the Applicant's Personal Information section by providing your name and date of birth. The rest of the form must be completed and signed by a physician.

APPLICANT'S PERSONAL INFORMATION	
Full Name of Applicant (Last, First, Middle):	**Date of Birth:**

MEDICAL EXAMINATION	
Examined By:	**Date Examined:**
Examined At:	

Vitals	
Body Temperature	
Pulse Rate	
Respiratory Rate	
Blood Pressure	

Medications	*Allergies*
1)	**1)**
2)	**2)**
3)	**3)**
4)	**4)**

Body Mass Index	
Height (ft and in)	
Weight (kg)	
Age	
Body Mass Index	

Social and Personal History			
Wears Corrective Lenses	☐	**Engages in Regular Physical Activity**	☐
Has used or is using Tobacco and Vaping products	☐	**Gets Adequate Sleep**	☐
Consumes Alcohol	☐	**Currently has or has had a mental health condition**	☐

Medical, Psychiatric, and Psychological History
Please list any past, present, or ongoing medical / psychiatric / psychological conditions or hospitalizations.

Examination Proper				
System	**Normal**	**Abnormal**	**For Clearance**	**Remarks**
HEENT and Neck	☐	☐	☐	
Cardiovascular	☐	☐	☐	
Pulmonary / Respiratory	☐	☐	☐	
Psychological / Psychiatric	☐	☐	☐	
Musculoskeletal / Extremities	☐	☐	☐	
Neurological	☐	☐	☐	
Gastrointestinal / Abdomen	☐	☐	☐	
Genitourinary	☐	☐	☐	
Integumentary	☐	☐	☐	

PHYSICIAN'S CERTIFICATION	
☐	I, the undersigned physician, certify that the applicant whose name appears above is **FIT for SEMINARY FORMATION.**
☐	I, the undersigned physician, certify that the applicant whose name appears above is **UNFIT for SEMINARY FORMATION.**
☐	I, the undersigned physician, certify that the applicant whose name appears above requires further medical evaluation or clearance regarding:

_____

Examining Physician

License Number: _____ Contact Number: _____