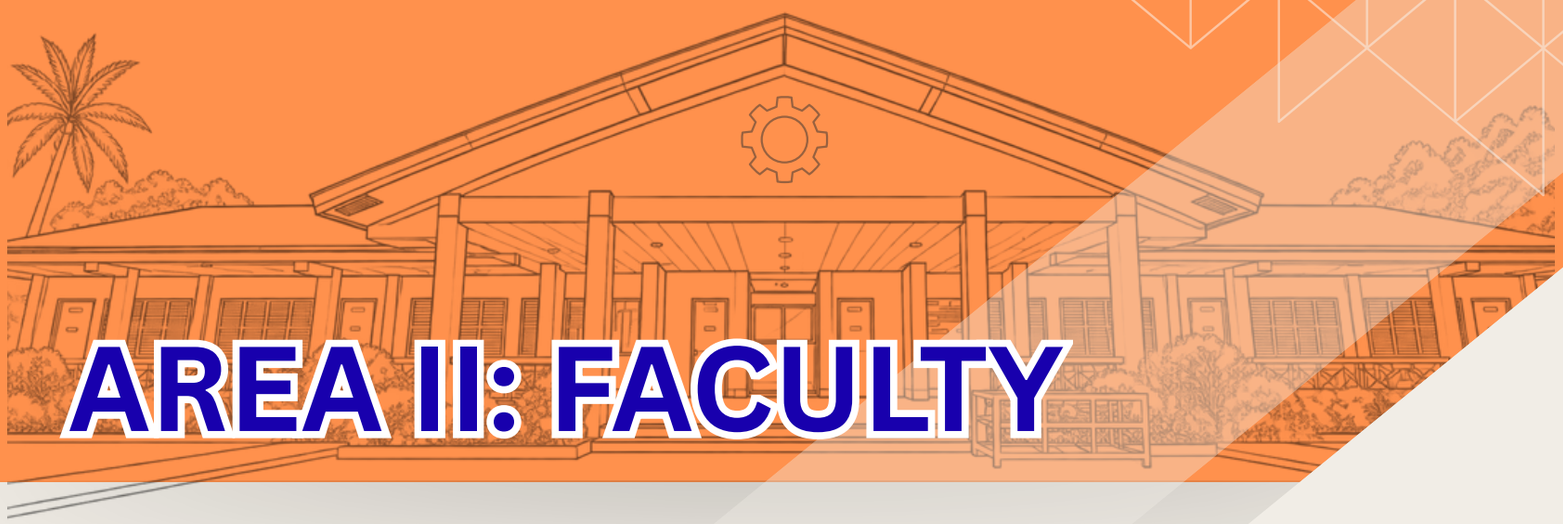
UNIVERSITY OF SOUTHERN MINDANAO
COLLEGE OF TRADES AND INDUSTRIES

AACCUP

LEVEL 1 SURVEY VISIT

BTVTED

BACHELOR OF
TECHNICAL - VOCATIONAL
TEACHER EDUCATION



AREA II: FACULTY

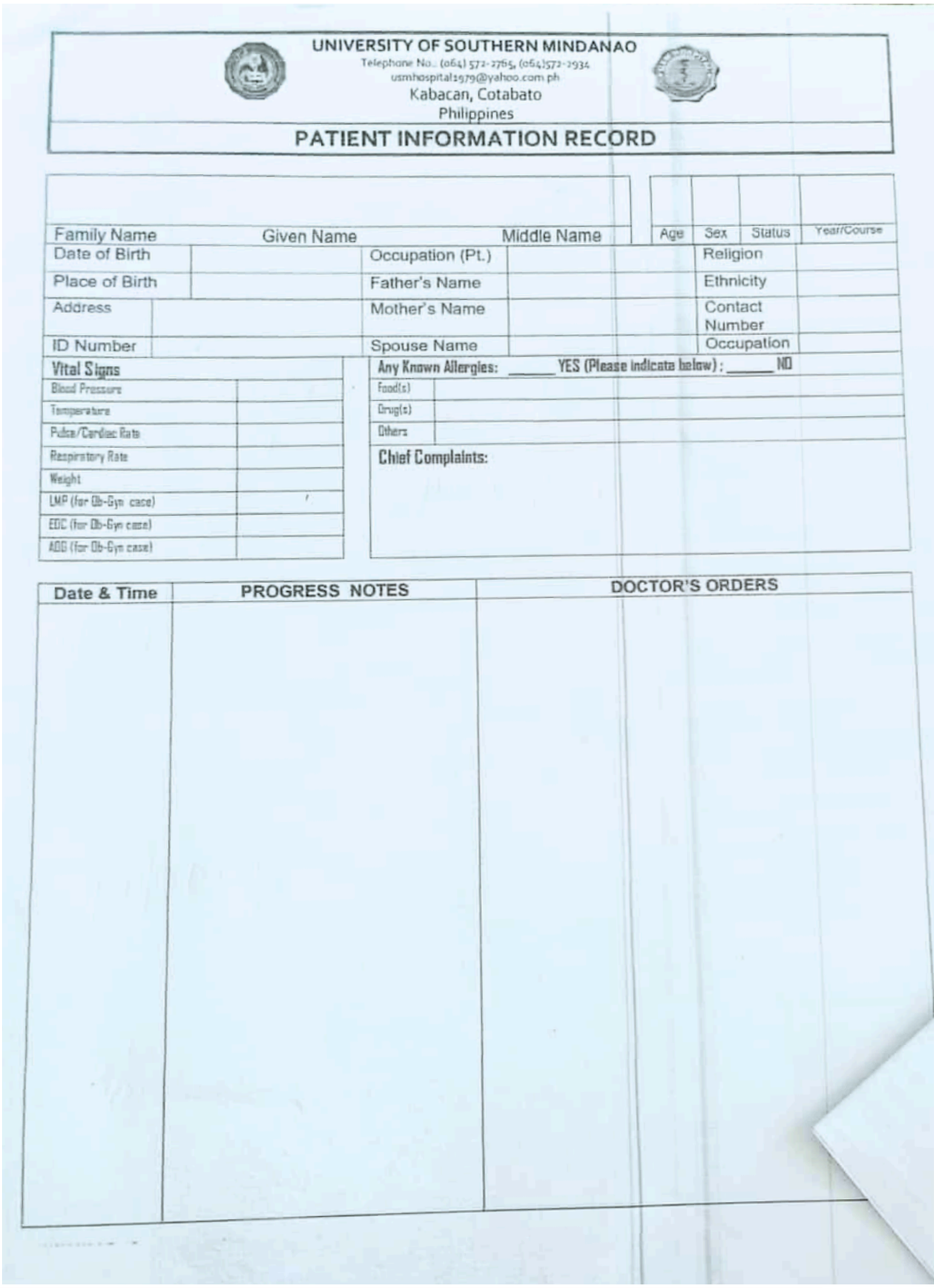
PARAMETER B:
RECRUITMENT, SELECTION AND ORIENTATION

IMPLEMENTATION

I.1.5 medical examination result;

Due to the confidentiality of medical records and in compliance with Republic Act No. 10173 (Data Privacy Act of 2012), actual medical examination results are not presented. A sample medical form for faculty members and students is provided below for reference.

Note: The law does not automatically prohibit displaying all medical results in every circumstance; disclosure depends on the applicable legal basis, consent, and privacy safeguards.



UNIVERSITY OF SOUTHERN MINDANAO
Telephone No.: (064) 572-2765, (064)572-2934
usmhospital1979@yahoo.com.ph
Kabacan, Cotabato
Philippines

PATIENT INFORMATION RECORD

Family Name	Given Name	Middle Name	Age	Sex	Status	Year/Course

Date of Birth		Occupation (Pt.)		Religion	
Place of Birth		Father's Name		Ethnicity	
Address		Mother's Name		Contact Number	
ID Number		Spouse Name		Occupation	

Vital Signs	
Blood Pressure	
Temperature	
Pulse/Cardiac Rate	
Respiratory Rate	
Weight	
LMP (for Ob-Gyn case)	
EDC (for Ob-Gyn case)	
AOG (for Ob-Gyn case)	

Any Known Allergies: _____ YES (Please indicate below) : _____ NO

Food(s)	
Drug(s)	
Others	

Chief Complaints:

Date & Time	PROGRESS NOTES	DOCTOR'S ORDERS

UNIVERSITY OF SOUTHERN MINDANAO

Kabacan, Cotabato
Philippines

PERSONAL DATA SHEET

Name: _____ DATE: _____

Year/Course/Section: _____ Bday/Age: _____ Civil Status: _____

Address: _____

		YES	NO
1.	Have any of your parents, brothers and sisters have or ever had Tuberculosis, Asthma, Rheumatism, Insanity or any hereditary diseases?	_____	_____
2.	Have you or have any serious accidents?	_____	_____
3.	Have you stayed in a hospital for observation or treatment?	_____	_____
4.	Do you or have used beer, wine or other habit forming drugs?	_____	_____
5.	Do you intend to undergo operation or treatment?	_____	_____
6.	Have you ever had tumor, disease of the breast, uterus or ovaries?	_____	_____

Tribal Group: _____

Head: _____ Height: _____

Neck: _____ Weight: _____

Lungs: _____ Heart: _____

Abdomen: _____

Blood pressure: _____

Extremities: _____

Last Menstrual Period: _____

USM-Hos-nOO-R ev. no. 20-00-03-08

_____
Signature

_____
University Physician, MD