


Medical Examination Report

		Sex M • F	Date of Birth / Age	/ () y.o	
Address	〒		Phone number	() —	
			Mobile phone number	() —	
Past Medical History	None	Hypertension / Renal Disorders / Caridac Disorders / Live Diseases / Gastrointestinal Disorers Pulmonary Tuberculosis / Neurological Disrders / Psychiatric Disorders/ Appendicitis / Ather()			
Symptoms					
Physical Measurements	Height			cm	
	Weight			kg	
	Abdominal Measurement			cm	
	BMI			kg/m ²	
	Vision	R			()
		L			()
	Hearing Test	R	1000Hz		
			4000Hz		
		L	1000Hz		
			4000Hz		
Complete Blood Cell Counts		Red blood cell	× 10000/μL		
		Hemoglobin	g/dL		
		Hematocrit	%		
		White blood cell	/μL		
Liver Function Tests		AST(GOT)	IU/L		
		ALT(GPT)	IU/L		
		γ-GTP	IU/L		
Cholesterol and Triglyceride		HDL-cholesterol	mg/dL		
		LDL-cholesterol	mg/dL		
		TG	mg/dL		
Blood Pressure		/		Blood Glcose	
				Fasting blood glucose	
				mg/dL	
Urinalysis	Glucose				
	Protein				
	Urobilinogen				
Chest X-ray	No.				
					
Findings					
Electro - Cardiogram					
Summary of findings and Recommendations					
Examination Date		/ /			
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