



Bureau of Corrections

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MEDICAL AND PSYCHIATRIC EXAMINATION REPORT

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NAME: _____ AGE: _____ DATE: _____ BATCH: _____

ADDRESS: _____ PRISON NO. _____

CASE/S: _____

SENTENCES: _____

PAST MEDICAL HISTORY: Hospitalization: Yes No Diagnosis: _____

Major Illness: _____

FAMILY HISTORY: _____

HISTORY OF MENTAL DISORDER IN THE FAMILY: _____

PERTINENT PHYSICAL EXAMINATION: _____

ASSESSMENT: No Gross Physical Defect during Examination

RECOMMENDATION: fit for work fit for light work not fit for work

PSYCHIATRY DIAGNOSIS: Psychosis Free during Examination Symptoms Free during Examination

GANGMARK: _____ obliterated not obliterated

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