



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: <input type="checkbox"/> Yes <input type="checkbox"/> No Diagnosis: _____			
Major Illness: _____			
FAMILY HISTORY: _____			
HISTORY OF MENTAL DISORDER IN THE FAMILY: _____			
PERTINENT PHYSICAL EXAMINATION: _____			
ASSESSMENT: <input type="checkbox"/> No Gross Physical Defect during Examination			

RECOMMENDATION: <input type="checkbox"/> fit for work <input type="checkbox"/> fit for light work <input type="checkbox"/> not fit for work			

PSYCHIATRY DIAGNOSIS: <input type="checkbox"/> Psychosis Free during Examination <input type="checkbox"/> Symptoms Free during Examination			

GANGMARK: _____ <input type="checkbox"/> obliterated <input type="checkbox"/> not obliterated			

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