



DATE: \_\_\_\_\_

HAP/IME/NZER #: \_\_\_\_\_

PRIORITY NO. \_\_\_\_\_

**FILL UP WITHIN THE DOTTED AREA:**

- Australia       Permanent       Dependent       Student
- Canada       Temporary       Working       Tourist      (Date Intake)
- New Zealand       Full Medical       Limited Medical      Course Abroad: \_\_\_\_\_
- Furtherance       TB       Non TB

Passport Number: \_\_\_\_\_ Date Issued: \_\_\_\_\_ Expiration: \_\_\_\_\_  
 No Passport      Other VALID ID #: \_\_\_\_\_

Last Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex:  F  M  
 First Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Middle Name: \_\_\_\_\_ Civil Status:  S  M  W  S/D  
 Address: \_\_\_\_\_ Occupation: \_\_\_\_\_

Email Address: \_\_\_\_\_

CP #: 1. \_\_\_\_\_ 2. \_\_\_\_\_

\*Only for women of reproductive age (12-50y/o):  
 PREGNANT:  YES  NO      COVID 19 VACCINE: \_\_\_\_\_  
 Last Menstruation Period: \_\_\_\_\_      1<sup>ST</sup> DOSE: \_\_\_\_\_ 2<sup>ND</sup> DOSE: \_\_\_\_\_  
 BOOSTER: \_\_\_\_\_

**DECLARATION BY EXAM**

- I declare that this is my first time to have Immigration Medical Examination (IME).
- I had my last Medical on (date) \_\_\_\_\_ at \_\_\_\_\_.
- I declare that the information given above is TRUE and CORRECT

\_\_\_\_\_  
 Signature of Applicant over Printed Name  
 (If minor, Guardian can sign in behalf of the Applicant)

**MEDICAL EXAM FLOW**

- REGISTRATION/FRONT DESK
- II. PRE EXAM
- III. EMED REGISTRATION
- IV. CHEST X-RAY
- V. CASHIER
- VI. VITAL SIGN/NURSE AREA
- VII. PANEL PHYSICIAN (PE)
- VIII. BLOOD TEST
- XI. DISCHARGE/FINAL INSTRUC.

H: \_\_\_\_\_ W: \_\_\_\_\_ HC: \_\_\_\_\_  
 BP1: \_\_\_\_\_ BP2: \_\_\_\_\_  
 BP3: \_\_\_\_\_  
 VA: L: \_\_\_\_\_ R: \_\_\_\_\_  
 ROR  Present  Absent

**MEDICATIONS**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**CHEST X-ray Result**

Normal  Abnormal

**LABORATORIES**

- PE       HCV
  - Urinalysis       Serum Crea
  - Chest Xray PA/PA       Hb1Ac
  - HIV       CBC
  - VDRL       Chest ALV
  - Hbsag       Chest Spot
- U/A # \_\_\_\_\_  
 DS M1 M2  
 N  N  N  
 AB  AB  AB

**ADDITIONAL LABORATORY TEST**

- Serum Creatinine       ECG
  - HBSag       Ferritin
  - Repeat Urinalysis       TST/IGRA \_\_\_\_\_
  - Repeat CBC
  - Other Test: \_\_\_\_\_
- SPECIAL'S REPORT**
- CARDIOLOGIST       PEDIATRICIAN
  - ENDOCRINOLOGIST       OBYGNE
  - NEPHROLOGIST       OTHERS \_\_\_\_\_
  - GASTROENTEROLOGIST
  - PULMONOLOGIST

**PATIENT'S HX**

- Exposure to TB
- Household/Relative/YR \_\_\_\_\_
- History of PTB/ YR \_\_\_\_\_
- History of Primary Complex
- Immunization MMR POLIO
- HX of travel Abroad \_\_\_\_\_
- HX of Autism/ ADHD
- CANCER/YR \_\_\_\_\_
- HX of Hosp \_\_\_\_\_
- HPN-YR \_\_\_\_\_ Admitted \_\_\_\_\_
- DM-YR \_\_\_\_\_

**Physical Examination**

Normal  Abnormal

**PE FINDINGS**

- CLAD
- AB LUNG FINDINGS
- DEV NOT AT PAR W/ AGE

History of AB CXR Findings/Yr \_\_\_\_\_  
 With previous CXR Images/YR \_\_\_\_\_  
 Previous CXR \_\_\_\_\_  Normal  Abnormal  
 (Last 6months) Year \_\_\_\_\_  
**History of Chest Clinic Investigation:**  
 ➤ Year \_\_\_\_\_  
 ➤ Tx/Duration \_\_\_\_\_  DOTS  PRIVATE  
 ➤ SPUTUM EXAM:  POSITIVE  NEGATIVE

**GRADING & RECOMMENDATION**

- A \_\_\_\_\_
- B \_\_\_\_\_

Checked By:  MD  ML  
 Submitted Date: \_\_\_\_\_

**NOTES:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Panel Physician's Name**

- NA       CC       CD
- GS       CB       KC

