

Medical Examination Form for Maritime Applicants

To facilitate the completion of your medical requirements as part of the admission process kindly print out this form (one copy only).

Instruction: Have this form signed by the health personnel who attended to you. This serves as your checklist that all procedures were done. Tampering of this form and the medical test results shall be grounds for non-admission to LPU or cancelation of enrollment. This form shall be submitted to the University Medical and Dental Clinic together with the original medical test results. Submission can be done via courier or in-person.



University Medical and Dental Clinic
 Main: (043) 723.0706 local 138
 LIMA: (043) 723.0054 local 301
 Riverside: (043) 741.5763

Name: _____

Home Address: _____

Mobile No: _____

Email Add: _____

Marine Transportation **Marine Engineering**

Semester: _____ **Academic Year:** _____

MEDICAL EXAMINATION CHECKLIST

	Signature	Date
Laboratory and Diagnostic Tests		
1. CBC		
2. Urinalysis		
3. Fecalysis		
4. Chest X-ray		
5. Ishihara Test		
6. Audiometry		
7. Otoscopy		

-----**To be filled out by UMDC Personnel**-----

DATE RECEIVED:

Name of UMDC personnel:

