

COMPANY NAME: **IPLOY STAFFING SOLUTIONS INC** DATE OF EXAMINATION: **06/16/18**
 PATIENT NAME: **LOREAN R. PRECILLAS** BIRTHDATE: **11/14/1994**
 SEX: **Female** AGE: **23** CIVIL STATUS: **SINGLE** TEL. NO.: _____
 OCCUPATION: **CSR**
 HEIGHT: **5'6"** WEIGHT: **96 kg** BLD. PRESSURE: **110/70** PULSE: _____ RESPIRATION: _____ BMI: _____

MEDICAL HISTORY (For any yes answers, please see Remarks)

	YES	NO		YES	NO		YES	NO
1. Head or Neck Injury	<input type="checkbox"/>	<input type="checkbox"/>	10. Heart Problem	<input type="checkbox"/>	<input type="checkbox"/>	19. Psychiatric / Psychological Problem	<input type="checkbox"/>	<input type="checkbox"/>
2. Eye Problem	<input type="checkbox"/>	<input type="checkbox"/>	11. Stomach Pain or Ulcer	<input type="checkbox"/>	<input type="checkbox"/>	20. Fainting Spells or Seizures	<input type="checkbox"/>	<input type="checkbox"/>
3. Ear Problem or Deafness	<input type="checkbox"/>	<input type="checkbox"/>	12. Hernia (Ruptured)	<input type="checkbox"/>	<input type="checkbox"/>	21. Cancer or Tumor	<input type="checkbox"/>	<input type="checkbox"/>
4. Nose or Throat Problem	<input type="checkbox"/>	<input type="checkbox"/>	13. Kidney or Bladder Problem	<input type="checkbox"/>	<input type="checkbox"/>	22. Sexually Transmitted Disease	<input type="checkbox"/>	<input type="checkbox"/>
5. Asthma	<input type="checkbox"/>	<input type="checkbox"/>	14. Other Abdominal Problem	<input type="checkbox"/>	<input type="checkbox"/>			
6. Other Lung Disease	<input type="checkbox"/>	<input type="checkbox"/>	15. Rheumatism, Joint / Back Problem	<input type="checkbox"/>	<input type="checkbox"/>			
7. Endocrine	<input type="checkbox"/>	<input type="checkbox"/>	16. Frequent Headaches / Dizziness	<input type="checkbox"/>	<input type="checkbox"/>			
8. Diabetes Mellitus	<input type="checkbox"/>	<input type="checkbox"/>	17. Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>			
9. High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>	18. Genetic or Familial Disorder	<input type="checkbox"/>	<input type="checkbox"/>			
23. Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>	If yes, when? _____ treated? _____					
24. Malaria	<input type="checkbox"/>	<input type="checkbox"/>	If yes, when? _____ treated? _____					
25. Hospitalization	<input type="checkbox"/>	<input type="checkbox"/>	If yes, what? _____					
26. Operations	<input type="checkbox"/>	<input type="checkbox"/>	If yes, what? _____					
27. Smoker	<input type="checkbox"/>	<input type="checkbox"/>	sticks / day for _____ years					
28. Alcoholic Bev. Drinker	<input type="checkbox"/>	<input type="checkbox"/>	bottles / session _____					
29. Last Menstrual Period	<input checked="" type="checkbox"/>	<input type="checkbox"/>	G. _____ P. _____					
30. Present Medications	<input type="checkbox"/>	<input type="checkbox"/>						

PHYSICAL EXAMINATION

VISUAL ACUITY		1. FAR VISION		2. NEAR VISION		3. DENTAL		8	7	6	5	4	3	2	1	L	1	2	3	4	5	6	7	8
Uncorrected		OD 20'	OS 20'	OD J	OS J	Upper																		
Corrected						Remarks:																		
						Lower																		
						Remarks:																		

	Normal		Findings
	Yes	No	
4. Skin			
5. Head, Scalp			
6. Eyes			
7. Ears			
8. Nose, Sinuses			
9. Mouth, Throat			
10. Thyroid, Neck			
11. Breast - Axilla			
12. Lungs			
13. Heart			
14. Abdomen			
15. Back			
16. Anus - Rectum			
17. G-U System			
18. Inguinals, Genitals			
19. Extremities			

PHYSICIAN: _____

SUMMARY: _____

TEST FINDINGS

CBC :	Urinalysis:	X-Ray :	Audiometry :
Blood Chem :	Drug Test :	Serology :	Spirometry :
Fecalysis :	ECG :	Mammo :	
Ultrasound :	Treadmill :	Pap Smear :	

Remarks: *corn w/ feet*

MEDICAL EXAMINATION RATING SYSTEM
 (Occupational Safety and Health Standards)
 Department of Labor and Employment

RECOMMENDATION:

- Class A - Physically fit for any work.
- Class B - Physically under-developed or with correctible defects, (error of refraction dental caries, defective hearing, and other similar defects) but otherwise fit to work.
- Class C - Employable but owing to certain impairments or conditions, (heart disease, hypertension, anatomical defects) requires special placement or limited duty in a specified or selected assignment requiring follow-up treatment/periodic evaluation.
- Class D - Unfit or unsafe for any type of employment (active PTB, advanced heart disease with threatened failure, malignant hypertension, and other imilar illnesses).

Physician : _____
 License # : _____
 Date : _____

NOTE:

I hereby authorize Hi-Precision Diagnostics and its officially designated examining physicians and staff to conduct the examinations necessary to assess my fitness to work. I further certify that all the information I have disclosed are true to the best of my knowledge and any false statement will disqualify me from my employment benefit and claims. Finally, I own my consent to this clinic and its officially designated health care providers to use my information for the purpose of providing me with the best possible care.

Name : PRECILLAS, LOVELYN RICAPLAZA
 PID : CM1993096
 Age : 23Y Sex : FEMALE
 Clinician: NONE

Lab. Number : 1851165944
 Source : HPD1 (WALK-IN)
 Dispatch :
 Page : 1 of 1

Date Received: 06-16-18 07:00 Reported: 06-16-18 10:15 Printed: 06-18-18 12:28

TEST	RESULT	UNIT	REFERENCE RANGES
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PRE-EMPLOYMENT W/DIGITAL XRAY
 (10X14)

HEMATOLOGY

Complete Blood Count

White Blood Cells	10.2	10 ⁹ /L	4.00 ~ 10.50
Red Blood Cells	4.89	10 ¹² /L	4.20 ~ 5.40
Hemoglobin	L 112	g/L	125 ~ 160
Hematocrit	L 0.35		0.37 ~ 0.47
Mean Corpuscular Volume	L 71	fL	78 ~ 100
Mean Corpuscular Hb	L 23	pg	27 ~ 31
Mean Corpuscular Hb Conc.	0.32		0.32 ~ 0.36
RBC Distribution Width	14.5	%	11.0 ~ 16.0
Platelet Count	418	10 ⁹ /L	150 ~ 450
Differential Count			
Segmenters	60.2	%	50.0 ~ 70.0
Lymphocytes	30.2	%	18.0 ~ 42.0
Monocytes	6.0	%	2.0 ~ 11.0
Eosinophils	2.8	%	0.0 ~ 6.0
Basophils	0.8	%	0.0 ~ 2.0
Bands	0.00	%	0.0 ~ 5.0

HM: EMMANUEL GEM.V. BAS, RMT
 LIC. #: 0069246

GRACE JOY C. AVILA, MD
 PTR: 1434462, L1C#: 0091151, CTC: 26896129

MEDICAL TECHNOLOGISTS

** Report Electronically Signed Out **

PATHOLOGIST

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TEST	RESULT	UNIT	REFERENCE RANGES
PRE-EMPLOYMENT W/DIGITAL XRAY (10X14)			

CLINICAL MICROSCOPY

Routine Urinalysis

Physical / Macroscopic

Color LIGHT YELLOW
 Transparency SLIGHTLY CLOUDY

Chemical

Sp. Gravity 1.010 1.003 ~ 1.035
 pH 6.5 5.0 ~ 8.0
 Protein NEGATIVE
 Glucose NEGATIVE
 Bilirubin NEGATIVE
 Blood NEGATIVE
 Leucocytes + 2
 Nitrite NEGATIVE
 Urobilinogen <1 mg/dl < 1.0
 Ketone NEGATIVE

Microscopic

RBC 1-3 /hpf 0 ~ 3
 WBC 5-10 /hpf 0 ~ 5
 Epithelial Cells FEW
 Bacteria MANY
 Mucus Threads RARE

Specimen was examined using automated urine microscopy analyzer.

CM: 
 ADIEL MARIS D. BUSARANG, RMT
 L.I.C. #: 0074403


 GRACE JOY C. AVILA, MD
 PTR: 1434462, L.I.C#: 0091151, CTC: 26896129

MEDICAL TECHNOLOGISTS

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PATHOLOGIST

Name : PRECILLAS, LOVELYN RICAPLAZA
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 Clinician: NONE

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TEST	RESULT	UNIT	REFERENCE RANGES
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PRE-EMPLOYMENT W/DIGITAL XRAY
 (10X14)

CLINICAL MICROSCOPY

Routine Fecalysis

Physical Exam	
Color	BROWN
Consistency	SOFT
Microscopic Examination	
White Blood Cells	NONE
Red Blood Cells	NONE
	NO OVA AND PARASITES SEEN

CM:

JASMINE MARIE C. DY, RMT
 LIC. #: 0075962

MEDICAL TECHNOLOGISTS

** Report Electronically Signed Out **

GRACE JOY C. AVILA, MD
 PTR: 1434462, L1CH: 0091151, CTC: 26896129

PATHOLOGIST