



## MEDICAL EXAMINATION REPORT

LAST NAME <u>PLARAS</u>		FIRST NAME <u>Annaver</u>		MIDDLE INITIAL <u>L</u>	PRESENT MAILING ADDRESS	
SEX <u>F</u>	AGE <u>21</u>	CIVIL STATUS <u>single</u>	ID NO.	OCCUPATION/POSITION <u>CSR</u>	COMPANY <u>MPU</u>	TELEPHONE NO.

**I. MEDICAL HISTORY - Has applicant suffered from, or has been told that he had, any of the following conditions:**

- |        |     |                         |         |     |                         |         |     |                           |
|--------|-----|-------------------------|---------|-----|-------------------------|---------|-----|---------------------------|
| Yes    | No  |                         | Yes     | No  |                         | Yes     | No  |                           |
| 1. ( ) | ( ) | Allergy                 | 10. ( ) | ( ) | Ear Trouble/Deafness    | 19. ( ) | ( ) | Kidney Diseases           |
| 2. ( ) | ( ) | Amoebiasis              | 11. ( ) | ( ) | Endocrine Disorders     | 20. ( ) | ( ) | Mental Disorders          |
| 3. ( ) | ( ) | Anemia                  | 12. ( ) | ( ) | Frequent Headaches      | 21. ( ) | ( ) | Nervous Breakdown         |
| 4. ( ) | ( ) | Asthma                  | 13. ( ) | ( ) | Head or Neck Injury     | 22. ( ) | ( ) | Nose or Throat Trouble    |
| 5. ( ) | ( ) | Cancer/Tumor            | 14. ( ) | ( ) | Heart Diseases/Troubles | 23. ( ) | ( ) | Peptic Ulcer/Stomach Pain |
| 6. ( ) | ( ) | Chronic Cough           | 15. ( ) | ( ) | Hernia (Ruptured)       | 24. ( ) | ( ) | Tuberculosis              |
| 7. ( ) | ( ) | Diabetes                | 16. ( ) | ( ) | High Blood Pressure     | 25. ( ) | ( ) | Hospitalization           |
| 8. ( ) | ( ) | Dysmenorrhea            | 17. ( ) | ( ) | Insomnia                | 26. ( ) | ( ) | Surgical Operation        |
| 9. ( ) | ( ) | Fainting Spells/Seizure | 18. ( ) | ( ) | Hepatitis               |         |     |                           |

*Handwritten:* LMP = 8/2/18  
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**II. FAMILY HISTORY**

- |        |     |              |        |     |        |        |     |                     |
|--------|-----|--------------|--------|-----|--------|--------|-----|---------------------|
| Yes    | No  |              | Yes    | No  |        | Yes    | No  |                     |
| 1. ( ) | ( ) | Diabetes     | 3. ( ) | ( ) | Cancer | 5. ( ) | ( ) | Endocrine Disorders |
| 2. ( ) | ( ) | Hypertension | 4. ( ) | ( ) | Asthma |        |     |                     |

**III. PHYSICAL EXAMINATION**

Height 159.5 cm. Weight 55.3 kg. BMI 21.7

Blood Pressure 110/80 mmHg. Pulse Rate 85 /min.

Description	Normal		Findings
	Yes	No	
Head, Neck, Scalp	/		
Eyes, External	/		
Ears	/		
Nose, Sinuses	/		
Mouth, Throat	/		
Neck, L.N. Thyroid	/		
Chest-Breast-Axilla	/		
Heart	/		

Description	Normal		Findings
	Yes	No	
Lungs	/		
Abdomen	/		
Back	/		
Anus-Rectum	/		
GUT System	/		
Inguinals, Genitals (Hernia)	/		
Reflexes	/		
Extremities	/		
Dental (Teeth)	/		

**IV. RADIOLOGICAL / LABORATORY EXAMINATIONS:**

- |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>A. COMPLETE BLOOD COUNT<br/>( ) Findings _____ ( ) Normal</p> <p>B. URINALYSIS<br/>( ) Findings _____ ( ) Normal</p> <p>C. FECALYSIS<br/>( ) Findings _____ ( ) Normal</p> <p>D. SEROLOGICAL EXAMS<br/>HIV : ( ) Reactive ( ) Nonreactive<br/>VDRL : ( ) Reactive ( ) Nonreactive</p> <p>E. BLOOD TYPING _____</p> <p>F. ECG 12 Leads _____</p> <p>G. CHEST X-RAY # <u>18-16334</u><br/>( ) PA ( ) Apicolordotic View<br/>( ) Normal<br/>( ) Findings</p> | <p>H. HEPATITIS SCREENING<br/>HBSAG : ( ) Reactive ( ) Nonreactive<br/>Anti-HBS : ( ) Reactive ( ) Nonreactive<br/>Anti-HCV : ( ) Reactive ( ) Nonreactive<br/>Anti-HAV : ( ) Reactive ( ) Nonreactive</p> <p>I. DRUG TEST<br/>Methamphetamine ( ) Positive ( ) Negative<br/>Tetrahydrocannabinol ( ) Positive ( ) Negative</p> <p>J. OTHERS: _____</p> |
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**PHYSICALLY FIT**

**RATING**

- Class A = Physically fit for all types of work. No Physical defect noted.
- Class B = Physically fit for all types of work. Has minor ailments / defect. Easily curable or offers no handicap to job applied.
- Class C = Physically fit for less strenuous type of work. Has minor ailments / defect. Easily curable or offers no handicap to job applied.
- Class D = Employment at risk with discretion of management.
- Class E = Unfit for employment.
- Pending A. For Further Evaluation \_\_\_\_\_ B. For Further Treatment \_\_\_\_\_

**REMARKS / RECOMMENDATIONS**

**DISCLAIMER:** I hereby permit **GLAB (Gillamac Diagnostic & Medical Laboratories Inc.)** and the undersigned physician to furnish such information pertaining to my health status and other pertinent medical findings. I do hereby release them from any and all legal responsibility by doing so. I also certify that my medical history contained above is true and any false statement will disqualify me from my employment, benefits and claims.

Annaver L. Plaras

Marie Jane R. Montederos, MD  
License No. 140130

M.D.

08/31/18