

**Prime Care of U**  
ASSOCIATE MEDICAL & DENTAL CARE CENTER  
**MEDICAL EXAMINATION RECORD**

Annual Physical Examination [ ] Pre-Employment [ ]

Last Name SAGARIO First Name MAE MARIE M.I. G Date 02/09/2019  
 Address 17-D A. LOPPE ST CALAMBA Age 36 Civil Status M Sex F  
 Place of Birth REAL EMBO NORTE Date of Birth 03/13/1982 Insurance Provider \_\_\_\_\_  
 Occupation CSR Name of Company iPLOY Tel. / Mobile no. 09360779960

**PHYSICAL EXAMINATION**

Temp.: 36.0 C PR 74 BPM RR 14 CPM BP 110/70 with HT: 162 WT: 113.5  
 Visual Acuity Right Eye 20/25 -1 Left Eye 20/25 -2 BMI: 43.5 Underweight:  Overweight:   
 Normal Weight:  Obese:

**MEDICAL HISTORY**

Past Medical History: \_\_\_\_\_  
 Family History: \_\_\_\_\_  
 Previous Hospitalization: \_\_\_\_\_  
 Menstrual History: REG: 12/95 Parity: 5/4 P3 LMP: 02/06/14 Contraceptive Use: LOGNS (Logate)

Review of Systems	Normal	Findings	Review of Systems	Normal	Findings
Head & Scalp	/		Lungs	/	
Eyes & Ears	/		Heart	/	
Skin / Allergy	/		Abdomen	/	
Nose & Sinuses	/		Genitals	/	
Mouth / Teeth / Tongue	/		Extremities	/	
Neck / Nodes	/		Reflexes	/	
Chest / Breast	/		BPE	/	

Laboratory	Normal	Findings	Laboratory	Normal	Findings
Chest X-Ray	/		ECG	/	
CBC	/		Other Procedures	/	
Urinalysis	/			/	
Fecalysis	/			/	
Drug Test	/			/	

I certify that I have examined and found the employee to be physically [ ] Fit [ ] Unfit for employment.

Classification:

[ ] CLASS A Physically fit for all types of work.  
 [ ] CLASS B Physically fit for all types of work.  
 Has minor ailment/ defect. Easily curable or offers no handicap to job applied.  
 [ ] Needs treatment/ correction \_\_\_\_\_  
 [ ] Treatment optional for: \_\_\_\_\_

[ ] CLASS C Physically fit for less strenuous type of work. Has minor ailments/ defects.  
 Easily curable or offers no handicap to job applied.  
 [ ] Needs treatment/ correction \_\_\_\_\_  
 [ ] No treatment needed for: \_\_\_\_\_

[ ] CLASS D Employment at the risk and discretion of the management  
 [ ] CLASS E Unfit for employment  
 [X] PENDING For further evaluation of U/A

Remarks: \_\_\_\_\_

\_\_\_\_\_  
 Patient's Signature

\_\_\_\_\_  
 Date Examined

\_\_\_\_\_  
 Medical Examiner M.D.  
 License No. 182114



# Medgruppe Polyclinics & Diagnostic Center, Inc.

IMMEDIATE MEDICAL AND DENTAL CARE CENTERS 2nd Level, APM Central, A. Soriano Jr. Ave., N.R.A. Marikina, Cavite City, 0800 Philippines  
Tel Nos. (037) 232-2273 • (037) 266-3245

## LABORATORY DEPARTMENT

License TO OPERATE No: 07-065-17-AS-2

No: 158956 SO No: 00739610  
Name: SAGARIO, MAE MARIE GALAS Age: 36 yrs Date: 2/9/2019  
Requested by: \_\_\_\_\_ Sex: FEMALE  
Patient Status: \_\_\_\_\_ Company: IPLOY STAFFING SOLUTIONS  
Charge To: IPLOY STAFFING SOLUTION


## COMPLETE BLOOD COUNT

		Normal Values
( ) WBC	<u>7.700</u> /mm <sup>3</sup>	5,000-10,000 /mm <sup>3</sup>
( ) RBC	<u>5.37</u> × 10 <sup>6</sup> /mm <sup>3</sup>	<b>Adult</b> F: 4.2 - 5.4 X 10 <sup>6</sup> /mm <sup>3</sup> M: 4.7 - 5.10 X 10 <sup>6</sup> /mm <sup>3</sup>
	<u>..x</u>	<b>Pedia</b> F: 4.0 - 5.1 X 10 <sup>6</sup> /mm <sup>3</sup> M: 4.0 - 5.3 x 10 <sup>6</sup> /mm <sup>3</sup>
( ) Hemoglobin	<u>16.13</u> gm% •	F: 12-15gm% M: 14-17gm%
( ) Hematocrit	<u>48.40</u> gm% •	F: 36-48vol% M: 40-50vol%
<b>Differential Count</b>		
Neutrophils	<u>61</u> %	45-65%
Lymphocytes	<u>32</u> %	20-35%
Monocytes	<u>4</u> %	2-9%
Eosinophils	<u>3</u> %	0-6%
Basophils	<u>    </u> %	0-2%
Platelet Count	<u>295.000</u> /mm <sup>3</sup>	150,000-450,000 /mm <sup>3</sup>
Others		

HBsAg \_\_\_\_\_  
Anti-HAV IgM \_\_\_\_\_

NOTE: \_\_\_\_\_

  
RAIZA JEY D. DELA CUESTA, RMT  
Medical Technologist

  
PETER S. AZNAR, M.D., F.P.S.P.  
Pathologist  
PRC #72410



DEPARTMENT OF HEALTH  
 MEDICAL POLYCLINICS AND DIAGNOSTIC CENTER, INC.  
 21 APM CENTRALE MALL, SORIANO AVENUE, MABOLO, CEBU CITY, CEBU

Phone Number 266 3245

**DRUG TEST REPORT**

RN921382  
 68

CCF No: 201902090001  
 Name: SAGARIO, MAE MARIE GALAS  
 Birthdate: 03/13/1982 Age: 36 Gender: F

Transaction Date Time: 2/12/2019 8:43:00AM  
 Report Date Time: 2/12/2019 6:23:16PM

Test Method TEST KIT

Purpose  
 Private Employment

Requesting Parties  
 IPLOY

**Result**

Drug/Metabolite	Result	Remarks
METHAMPHETAMINE	NEGATIVE	
TETRAHYDROCANNABINOL	NEGATIVE	

Test Conducted By

Approved By

57 MS. AIMEN JOY GRONIFILLO AGUIRO

DR. PETER SANSONAZAR 95

Analyst

Head of Laboratory

Valid Within 12 Month/s from Transaction Date

This is a DOH-DOB IDTOMS generated report  
 PRIME CARE CEBU