

**MEDICAL EXAMINATION RECORD**

Annual Physical Examination [ ]

Pre-Employment [  ]

Last Name ALMONIA First Name NICO M.I. A. Date 00/00/19  
 Address Lower Tabok, San Vicente Ferrer, M.C Age 21 Civil Status Single Sex Male  
 Place of Birth Calabot, Tambulig, Zamboanga Del Sur Date of Birth 08/31/97 Insurance Provider \_\_\_\_\_  
 Occupation CSR Name of Company iPlay Inc. Tel. / Mobile no. 09459825907

**PHYSICAL EXAMINATION**

Temp.: 37.0 °C PR: 86 bpm RR: 18 bpm BP: 120/80 mmHg Ht: 166 cm Wt: 92.8 kgs.  
 Visual Acuity: Right Eye: 20/20 Left Eye: 20/20 BMI: 33.7 Underweight:  Overweight:   
 (With/Without eyeglasses) Normal Weight:  Obese:

**MEDICAL HISTORY**

Past Medical History: (-)  
 Family History: (+) HYN (PATERNAL), (+) CVD (PATERNAL)  
 Previous Hospitalization: 2014 AMOBIASIS  
 Menstrual History: N/A - y.o Parity: - LMP: - Contraceptive Use: -

*NON-SMOKER.  
 OCCASIONAL ALCOHOLIC DRINKER  
 1L/GUMMEN*

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	NA	
CBC	✓		Other Procedures:		
Urinalysis	✓				
Fecalalysis	NA				
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 Obesity  
 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  
 PENDING For further evaluation of: \_\_\_\_\_

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

\_\_\_\_\_  
 Patient's Signature Date Examined 00/00/19  
 \_\_\_\_\_  
 Medical Examiner, M.D.  
 License No.: \_\_\_\_\_



# Medgrupp Polyclinics & Diagnostic Center, Inc.

IMMEDIATE MEDICAL AND DENTAL CARE CENTER

2nd Level, APMI Centrale, A. Soriano Jr. Ave., N.R.A. Mabolo, Cebu City, 6000 Philippines  
Tel Nos. (032) 232-2273 • (032) 266-3245

No.: 164369

LABORATORY DEPARTMENT  
License TO OPERATE No.: 07-065-17-AS-2

SO No.: 00756411

Name: ALMONIA, NICO ARMERO

Age: 21 yrs.

Date: 6/6/2019

Physician:

Company: IPLOY INC.,

Patient Status:

Sex: MALE

Charge To: IPLOY INC.,

## URINALYSIS

### MACROSCOPIC:


Color	Yellow
Appearance	Clear
pH	6.0
Specific Gravity	1.025
Glucose	Negative
Protein	Negative

### MICROSCOPIC:

RBC / hpf	0-1
WBC / hpf	0-2
Epith. Cells / hpf	Rare
Casts	
Mucus Threads	Rare
Bacteria	Rare
Crystals	
Amorphous (Urates)	Rare
Amorphous (PO <sub>4</sub> )	
MISCELLANEOUS:	
Pregnancy Test	N/A
OTHERS:	

### NOTE:

  
RAIZA JBYD D. DELA CUESTA, RMT  
Medical Technologist

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



# Medgrupp Polyclinics & Diagnostic Center, Inc.

IMMEDIATE MEDICAL AND DENTAL CARE CENTER

2nd Level, APMI Centrale, A. Soriano Jr. Ave., N.R.A. Mabolo, Cebu City, 6000 Philippines  
Tel Nos. (032) 232-2273 • (032) 266-3245

No.: 166796

LABORATORY DEPARTMENT  
License TO OPERATE No.: 07-065-17-AS-2

SO No.: 00756411

Name: ALMONIA, NICO ARMERO

Age: 21 yrs.

Date: 6/6/2019

Requested by:

Company: IPLOY INC.,

Patient Status:

Sex: MALE

Charge To: IPLOY INC.,

## COMPLETE BLOOD COUNT

( ) WBC	9,800 /mm <sup>3</sup>	5,000-10,000 /mm <sup>3</sup>	Normal Values
( ) RBC	5.45 x 10 <sup>6</sup> /mm <sup>3</sup>		

Adult	F: 4.2 - 5.4 X 10 <sup>6</sup> /mm <sup>3</sup>
	M: 4.7 - 6.10 X 10 <sup>6</sup> /mm <sup>3</sup>
Pedia	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	16.36 gm%	F: 12-15gm% M: 14-17gm%
( ) Hematocrit	49.10 gm%	F: 38-48vol% M: 40-50vol%

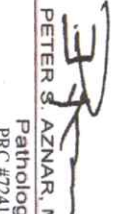
### Differential Count

Neutrophils	62 %	45-65%
Lymphocytes	29 %	20-35%
Monocytes	5 %	2-9%
Eosinophils	4 %	0-6%
Basophils	%	0-2%
Platelet Count	360,000 /mm <sup>3</sup>	150,000-450,000 /mm <sup>3</sup>
Others		

HBsAg  
Anti-HAV IgM

### NOTE:

  
FLORA MAE B. GALAN, RMT  
Medical Technologist

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



DEPARTMENT OF HEALTH  
 MEDGRL POLYCLINICS AND DIAGNOSTIC CENTER, INC.  
 2L APM CENTRALE MALL, SORIANO AVENUE, MABOLO, CEBU CITY, CEBU

Phone Number 266 3245

**DRUG TEST REPORT**

QI973197  
 63

CCF No: 201906060006  
 Name: ALMONIA, NICO ARMERO  
 Birthdate: 08/31/1997 Age: 21 Gender: M

Transaction Date Time: 6/6/2019 10:03:00AM  
 Report Date Time: 6/6/2019 12:43:24PM

Test Method TEST KIT

Purpose  
 Private Employment

Requesting Parties  
 IPLOY

**Result**

Drug/Metabolite	Result	Remarks
METHAMPHETAMINE	NEGATIVE	
TETRAHYDROCANNABINOL	NEGATIVE	

Test Conducted By

67 MS. AIMEN JOY GRONIFILLO AGURO

Analyst

Approved By

DR. PETER SANSON AZNAR

Head of Laboratory

46

Valid Within 12 Month/s from Transaction Date

This is a DOH-DDB IDTOMIS generated report

**PRIME CARE CEBU**





Prime CARE  
C E B U

**MEDGRUPPE POLYCLINICS AND DIAGNOSTIC CENTER, INC.**  
2<sup>ND</sup> Floor, APM Centrale Mall, Soriano Ave., NRA, Brgy. Mabolo, Cebu City, Philippines 6000  
Tel. No. (032) 232-2273 Fax: (032) 234-2273  
**CUSTODY AND CONTROL FORM**  
(Form DT-002A - COPY FOR THE DONOR)

SPECIMEN ID NO. 5692 LAB ACCESSION NO. 06060006

STEP 1 COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

A. Client's/Donor's/Subject's Name NICO A. ALMONIA  B. Address: Lower Tabok, SVF, Nandan City Age: 21 ✓ D. Sex: M  
 E. Employer Name and Address: idploy inc. cebu Business Park Ayala, Cebu City  
 F. Type of Specimen:  
 Urine  Pre-employment  Random  Reasonable Suspicion/Cause  
 Blood  Return to Duty  Mandatory  Post Accident  
 Others(specify) \_\_\_\_\_  Follow-up  Others (specify) \_\_\_\_\_  
 H. Drug Tests to be Performed:  THC, COC, PCP, OPI, AMP  THC & MET Only  Others (specify) \_\_\_\_\_

STEP 2 COMPLETED BY COLLECTOR

Read specimen temperature within 4 minutes. Is temperature between 32°C and 38°C?  
 Yes  No  
 Specimen Collection:  Observed  Unobserved  
 Specimen Sampling:  Single  Split  
 Specimen Volume: 4 ml. Physical Appearance: Color: \_\_\_\_\_  
 Other Observation (Enter Remark) \_\_\_\_\_  
 REMARKS \_\_\_\_\_

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initial seal(s). Donor completes STEP 5.  
STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

I certify that the specimen given to me by the donor identified in the certification section on Step 5 of this form was collected, sealed and released to the Delivery Service noted in accordance with applicable Department of Health requirements.

Signature of Collector: RANCIA PRITZ G. GARCIA AM/PM \_\_\_\_\_  
 (PRINT) Collector's Name (first, MI, Last) \_\_\_\_\_ Time of Collection: JUN 06 2019  
 Date (Mo/Day/Yr) \_\_\_\_\_ SPECIMEN BOTTLE(S) RELEASED TO: \_\_\_\_\_  
 Name of Delivery Service Transferring Specimen to Lab. \_\_\_\_\_  
 RECEIVED AT LAB:  Signature of Accessioner: RANCIA PRITZ G. GARCIA JUN 08 2019  
 (PRINT) Accessioner's Name (First, MI, Last) \_\_\_\_\_ Date (Mo/Day/Yr) \_\_\_\_\_  
 STATUS OF THE SPECIMEN: (a) Seal Intact  Yes  No (b) Transport Device \_\_\_\_\_ (c) Description \_\_\_\_\_  
 SPECIMEN BOTTLE(S) RELEASED TO: \_\_\_\_\_  
 Signature & Printed Name of Receiving Person \_\_\_\_\_  
 Print Name (First, MI, Last) \_\_\_\_\_ Date (Mo/Day/Yr) \_\_\_\_\_

STEP 5 COMPLETED BY THE DONOR

I certify that I provided my urine specimen to the collector; that I have not adulterated it in any manner; each specimen bottle used was sealed with a tamper-evident seal in my presence; and that the information provided on this form and on the affixed bottle is correct.

Signature of Donor: \_\_\_\_\_ (PRINT) Donor's Name (First, MI, Last) NICO A. ALMONIA  
 Contact No. 09491805007 ✓ Date of Birth 06/31/97  
 Mo Day Yr

Additional information may be asked from you by the laboratory particularly on drugs and medications.

STEP 6: COMPLETED BY HEAD OF SCREENING LABORATORY

In accordance with applicable Department of Health requirements, my determination/verification is:

NEGATIVE  POSITIVE  TEST CANCELLED  REFUSAL TO TEST BECAUSE:  DILUTED  ADULTERATED  SUBSTITUTED  
 OTHERS (Specify) \_\_\_\_\_  
 REMARKS \_\_\_\_\_  
 AIMEN JOY G. AGURO, RMT Signature & Name of Analyst (First, MI, Last) \_\_\_\_\_ PETER S. AZNAR, M.D., F.P.S.P. Signature & Name of Head of Laboratory (First, MI, Last) \_\_\_\_\_  
 Date (Mo/Day/Yr) \_\_\_\_\_

STEP 7: COMPLETED BY CONFIRMATORY LABORATORY

In accordance with applicable Department of Health requirements, my determination/verification for the specimen (if tested) is:

CONFIRMED FOR:  CHALLENGE  FAILED TO CONFIRM - REASON \_\_\_\_\_  
 THC  MET  OTHERS \_\_\_\_\_  
 Signature of Analyst \_\_\_\_\_ (PRINT) Signature & Name of Head of Laboratory (First, MI, Last) \_\_\_\_\_  
 Date (Mo/Day/Yr) \_\_\_\_\_

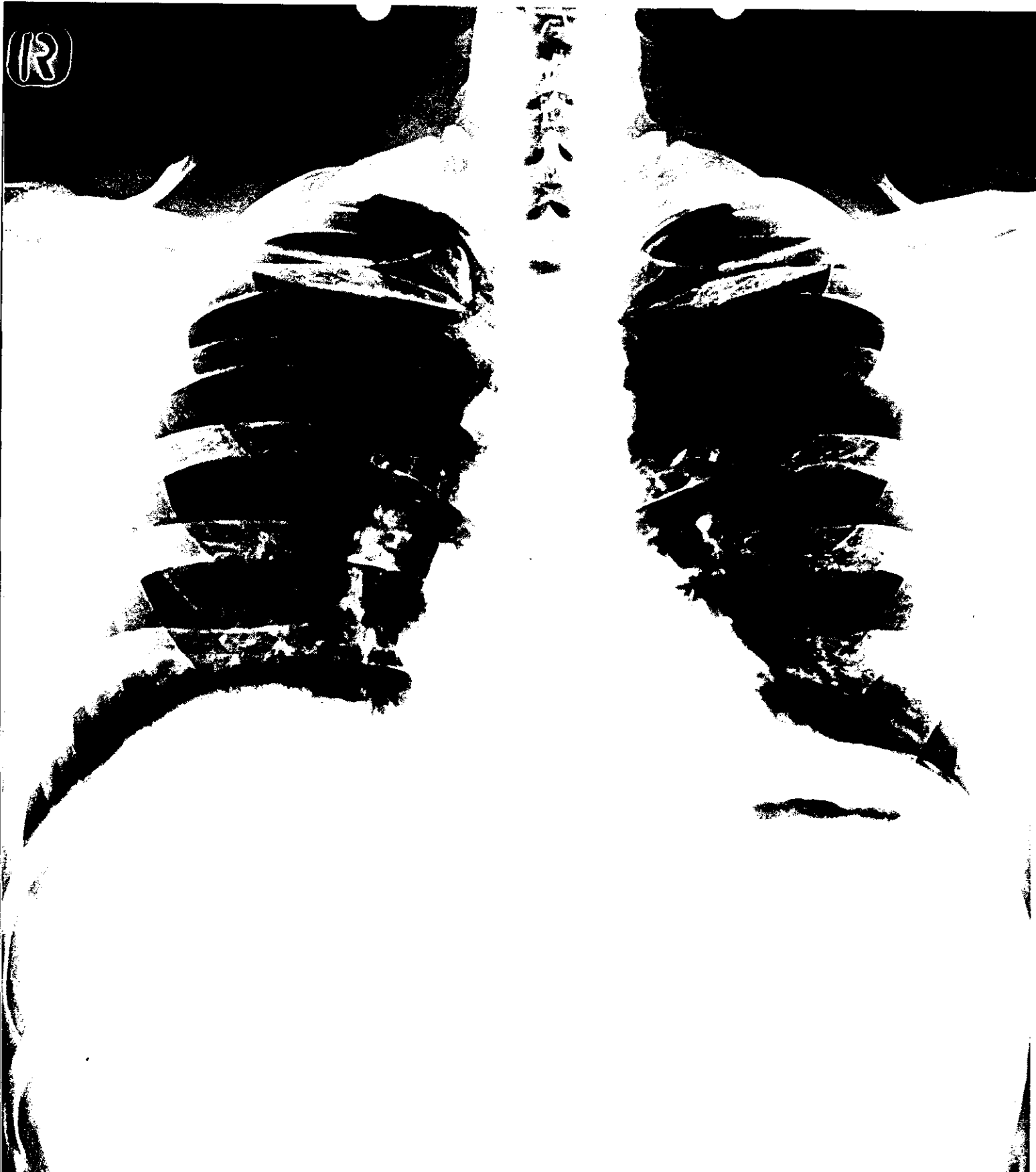
STEP 8: TO BE COMPLETED BY NATIONAL REFERENCE LABORATORY (NRL)

In accordance with applicable Department of Health requirements, my determination/verification for the specimen (if tested) is:

RECONFIRMED FOR:  THC  MET  FAILED TO CONFIRM - REASON \_\_\_\_\_  
 OTHERS \_\_\_\_\_  
 Signature of Analyst \_\_\_\_\_ (PRINT) Signature & Name of Head of Laboratory (First, MI, Last) \_\_\_\_\_  
 Date (Mo/Day/Yr) \_\_\_\_\_

- Form DT - 002A - Copy for the Donor
- Form DT - 002B - Copy for the Collection Site
- Form DT - 002C - Copy for the Laboratory
- Form DT - 002D - Copy for the Confirmatory Laboratory (if Positive Sample)

(R)



Patient ID: 19-10147 IPLOY  
Patient Name: ALMONIA, NICO A  
Study Date: 06/06/2019