

Annual Physical Examination []

Pre-Employment [X]

Last Name LY First Name NA CRISTINA M.I. L. Date 05/17/19
 Address SD. UENTE JAHNY BERNARD Age 23 Civil Status SINGLE Sex Female
 Place of Birth AMMANA 60. UENTE Date of Birth 12/12/1995 Insurance Provider _____
 Occupation CNR** Name of Company IPDY STAFFING SOLUTION Tel. / Mobile no. 0926774400

PHYSICAL EXAMINATION

Temp.: 36.2 / 98.1 °C PR: 93 bpm RR: 18 bpm BP: 120/80 mmHg Ht: 153 cm Wt: 53 kgs.
 Visual Acuity: Right Eye: 20/20 Left Eye: 20/30 BMI: 22.64 Underweight: Overweight:
 (With/ Without eyeglasses) Normal Weight: Obese:

MEDICAL HISTORY

Past Medical History: (-)
 Family History: DM
 Previous Hospitalization: (-)
 Menstrual History: 13 y.o. Parity: 60 PO LMP: APRIL 29, 2017 Contraceptive Use: NONE
REGULAR 4-5 PMS

| 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 | / | | | | |
| Fecalalysis | / | | | | |
| Drug Test | <u>NA</u> | | | | |

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 EOR
 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: Cristina Ly Date Examined: 05/17/19 Medical Examiner: M. Remy, M.D.
 License No.: 12015



LABORATORY DEPARTMENT

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

No.: 165614 SO No.: 00753684
Name: UY, MA CHRISTINA LAMOSTE Age: 23 yrs. Date: 5/17/2019
Requested by: _____ Sex: FEMALE
Patient Status: _____ Company: IPLOY INC.,
Charge To: IPLOY INC.,


COMPLETE BLOOD COUNT

| | | | Normal Values |
|---------------------------|--|---|---|
| () WBC | <u>7,800</u> /mm ³ | | 5,000-10,000 /mm ³ |
| () RBC | <u>4.48</u> x 10 ⁶ /mm ³ | | Adult F: 4.2 - 5.4 X 10 ⁶ /mm ³ M: 4.7 - 6.10 X 10 ⁶ /mm ³ |
| | | | Pedia F: 4.0 - 5.1 X 10 ⁶ /mm ³ M: 4.0 - 5.3 x 10 ⁶ /mm ³ |
| () Hemoglobin | <u>13.43</u> gm% | | F: 12-15gm% M: 14-17gm% |
| () Hematocrit | <u>40.30</u> gm% | | F: 38-48vol% M: 40-50vol% |
| Differential Count | | | |
| Neutrophils | <u>70</u> % | * | 45-65% |
| Lymphocytes | <u>22</u> % | | 20-35% |
| Monocytes | <u>5</u> % | | 2-9% |
| Eosinophils | <u>3</u> % | | 0-6% |
| Basophils | <u> </u> % | - | 0-2% |
| Platelet Count | <u>402,000</u> /mm ³ | | 150,000-450,000 /mm ³ |
| Others | _____ | | |

HBsAg _____
Anti-HAV IgM _____

NOTE: _____


FLORA MAE B. GALAY, RMT
Medical Technologist


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



LABORATORY DEPARTMENT

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

No.: 163226

SO No.: 00753684

Name : UY, MA CHRISTINA LAMOSTE

Age : 23 yrs.

Date: 5/17/2019

Physician :

Sex : FEMALE

Company : IPLOY INC.,

Patient Status: _____

Charge To: IPLOY INC.,

URINALYSIS

MACROSCOPIC:

| | |
|------------------|-----------------|
| Color | <u>Straw</u> |
| Appearance | <u>Clear</u> |
| pH | <u>6.5</u> |
| Specific Gravity | <u>1.005</u> |
| Glucose | <u>Negative</u> |
| Protein | <u>Negative</u> |

MICROSCOPIC:

| | |
|------------------------------|-------------|
| RBC / hpf | <u>0-1</u> |
| WBC / hpf | <u>0-2</u> |
| Epith. Cells / hpf | <u>Few</u> |
| Casts | _____ |
| Mucus Threads | <u>Rare</u> |
| Bacteria | <u>Rare</u> |
| Crystals | _____ |
| Amorphous (Urates) | <u>Rare</u> |
| Amorphous (PO ₄) | _____ |


MISCELLANEOUS:

Pregnancy Test N/A

OTHERS:

NOTE:


 ELISHA MARIE G. BANA-AY, RMT
 Medical Technologist


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



QK011295
10

DEPARTMENT OF HEALTH
MEDGRUPPE POLYCLINICS AND DIAGNOSTIC CENTER, INC.
2L APM CENTRALE MALL, SORIANO AVENUE, MABOLO, CEBU CITY, CEBU
Phone Number 266 3245

DRUG TEST REPORT

CCF No: 201905170049
Name: UY, MA CRISTINA LAMOSTE
Birthdate: 12/12/1995 Age: 23 Gender: F

Transaction Date Time: 5/22/2019 8:49:00AM
Report Date Time: 5/22/2019 5:00:44PM

Test Method TEST KIT

Purpose
Private Employment

Requesting Parties
IPLOY

Result

| Drug/Metabolite | Result | Remarks |
|----------------------|----------|---------|
| METHAMPHETAMINE | NEGATIVE | |
| TETRAHYDROCANNABINOL | NEGATIVE | |

Test Conducted By

Approved By

72 MS. AIMEN JOY GRONIFILLO AGURO

DR. PETER SANSON AZNAR

17

Analyst

Head of Laboratory

Valid Within 12 Month/s from Transaction Date

This is a DOH-DDB IDTOMIS generated report

PRIME CARE CEBU