

Annual Physical Examination []

Pre-Employment []

Last Name Pogado First Name Raymond M.I. C. Date 03/08/2009
 Address Sta Ana Borli celan Age 28 Civil Status Single Sex male
 Place of Birth Borbon celan Date of Birth 01/08/1991 Insurance Provider _____
 Occupation CSR Name of Company iplay Tel. / Mobile no. _____

PHYSICAL EXAMINATION

Temp.: 35.8 °C PR: 91 bpm RR: 18 bpm BP: 120/80 mmHg Ht: 145 cm Wt: 42.4 kgs.
 Visual Acuity: Right Eye: 20/45-2 Left Eye: 20/40-2 BMI: 22.9 Underweight: Overweight:
 (With/ Without eyeglasses) Normal Weight: Obese:

MEDICAL HISTORY

Past Medical History: (-)
 Family History: (-)
 Previous Hospitalization: (-)
 Menstrual History: - y.o Parity: - LMP: - Contraceptive Use: -

Review of Systems	Normal	Findings	Review of Systems	Normal	Findings
Head & Scalp	/		Lungs	/	
Eyes & Ears	/		Heart	/	
Skin / Allergy	/		Abdomen	/	<u>A</u>
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	<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 _____
[] 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: [Signature] Date Examined: 06/02/2009 Medical Examiner: [Signature], M.D.
 License No.: _____



Medgrupe Polyclinics & Diagnostic Center, Inc.

IMMEDIATE MEDICAL AND DENTAL CARE CENTER

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

LABORATORY DEPARTMENT

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

No.: 166632 SO No.: 00756004
 Name: POGADO, REYMOND CAJOCSON Age: 28 yrs. Date: 6/ 3/2019
 Requested by: _____ Sex: MALE
 Patient Status: _____ Company: IPLOY INC.,
 Charge To: IPLOY INC.,

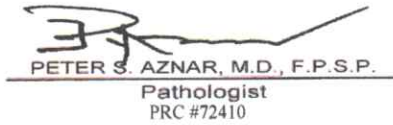
COMPLETE BLOOD COUNT

			Normal Values
() WBC	<u>7,500</u> /mm ³		5,000-10,000 /mm ³
() RBC	<u>5.26</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>15.80</u> gm%		F: 12-15gm% M: 14-17gm%
() Hematocrit	<u>47.40</u> gm%		F: 38-48vol% M: 40-50vol%
Differential Count			
Neutrophils	<u>61</u> %		45-65%
Lymphocytes	<u>32</u> %		20-35%
Monocytes	<u>5</u> %		2-9%
Eosinophils	<u>2</u> %		0-6%
Basophils	<u> </u> %	--	0-2%
Platelet Count	<u>318,000</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



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LABORATORY DEPARTMENT

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

No.: 164220 SO No.: 00756004
Name : POGADO, REYMOND CAJOCSON Age : 28 yrs. Date: 6/ 3/2019
Physician : _____ Sex : MALE
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>0-1</u>
Epith. Cells / hpf	<u>Rare</u>
Casts	_____
Mucus Threads	<u>Rare</u>
Bacteria	<u>Rare</u>
Crystals	_____
Amorphous (Urates)	<u>Rare</u>
Amorphous (PO ₄)	_____


MISCELLANEOUS:

Pregnancy Test	<u>N/A</u>
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OTHERS:

NOTE:


ELISHA MARIE G. BANA-AY, RMT
Medical Technologist


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



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

Phone Number 266 3245

DRUG TEST REPORT

QP900891
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CCF No: 201906030020
 Name: POGADO, REYMOND CAJOCSON
 Birthdate: 01/08/1991 Age: 28 Gender: M

Transaction Date Time: 6/4/2019 11:00:00AM
 Report Date Time: 6/4/2019 4:01:23PM

Test Method ** TEST KIT

Purpose
Private Employment

Requesting Parties
IPLOY

Result

Drug/Metabolite	Result	Remarks
METHAMPHETAMINE	NEGATIVE	
TETRAHYDROCANNABINOL	NEGATIVE	

Test Conducted By

Approved By

86 MS. AIMEN JOY GRONIFILLÓ AGÜRO

DR. PETER SANSON AZNAR

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Analyst

Head of Laboratory

Valid Within 12 Month/s from Transaction Date

This is a DOH-DDB IDTOMIS generated report

PRIME CARE CEBU