

Prime Care
IMMEDIATE MEDICAL & DENTAL CARE CENTER
MEDICAL EXAMINATION RECORD

Annual Physical Examination

Pre-Employment

Last Name POINCAN First Name ISSABE M.I. C Date 01/15/19
 Address 1990 LAYAHN MANAGE CITY Age 25 Civil Status Single Sex M
 Place of Birth BALINDONG LAYAO DEL SUR Date of Birth 01/15/1993 Insurance Provider _____
 Occupation CSR Name of Company IPLOY Tel. / Mobile no. 09067412859

PHYSICAL EXAMINATION

Temp.: 36.5 °C PR: 84 bpm RR: 16 bpm BP: 60/70 mmHg Ht: 160 cm Wt: 52-9 kgs.
 Visual Acuity: Right Eye: 20/20 Left Eye: 20/20 BMI: 20.66 Underweight: Overweight:
 (With/ Without eyeglasses) Normal Weight: Obese:

MEDICAL HISTORY

Past Medical History: CHRONIC ERM E. AMONG ERMA EUSMOH @ alachua c ipm
 Family History: none
 Previous Hospitalization: none

Menstrual History: _____ y.o Parity: _____ LMP: _____ Contraceptive Use: _____

Review of Systems	Normal	Findings	Review of Systems	Normal	Findings
Head & Scalp	<input checked="" type="checkbox"/>		Lungs	<input checked="" type="checkbox"/>	
Eyes & Ears	<input checked="" type="checkbox"/>		Heart	<input checked="" type="checkbox"/>	
Skin / Allergy	<input checked="" type="checkbox"/>		Abdomen	<input checked="" type="checkbox"/>	
Nose & Sinuses	<input checked="" type="checkbox"/>		Genitals	<input checked="" type="checkbox"/>	<u>NE</u>
Mouth / Teeth / Tongue	<input checked="" type="checkbox"/>	<u>HEALTHY</u>	Extremities	<input checked="" type="checkbox"/>	
Neck / Nodes	<input checked="" type="checkbox"/>	<u>thyroid normal</u>	Reflexes	<input checked="" type="checkbox"/>	
Chest/ Breast	<input checked="" type="checkbox"/>		BPE	<input checked="" type="checkbox"/>	<u>NE</u>

Laboratory	Normal	Findings	Laboratory	Normal	Findings
Chest X-Ray	<input checked="" type="checkbox"/>		ECG	<input checked="" type="checkbox"/>	
CBC	<input checked="" type="checkbox"/>		Other Procedures:	<input checked="" type="checkbox"/>	
Urinalysis	<input checked="" type="checkbox"/>				
Fecalysis	<input checked="" type="checkbox"/>				
Drug Test	<input checked="" type="checkbox"/>				

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: 01/18/19
 Medical Examiner: [Signature] License No.: 33180, 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) 232-7771 * (032) 266-3235

LABORATORY DEPARTMENT
License TO OPERATE No. : 07-085-17-AS-2

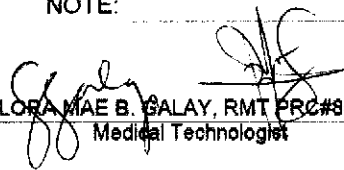
No.: 167451 SO No.: 00757952
Name: POINGAN, ISMAEL CUBERO Age: 25 yrs. Date: 6/17/2019
Requested by: _____ Sex: MALE
Patient Status: _____ Company: IPLOY INC.,
Charge To: IPLOY INC.,


COMPLETE BLOOD COUNT

			Normal Values
() WBC	<u>7,500</u> /mm ³		5,000-10,000 /mm ³
() RBC	<u>5.18</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>15.56</u> gm%		F: 12-15gm% M: 14-17gm%
() Hematocrit	<u>46.70</u> gm%		F: 38-48vol% M: 40-50vol%
Differential Count			
Neutrophils	<u>60</u> %		45-65%
Lymphocytes	<u>34</u> %		20-35%
Monocytes	<u>5</u> %		2-8%
Eosinophils	<u>1</u> %		0-6%
Basophils	<u> </u> %		0-2%
Platelet Count	<u>409,000</u> /mm ³		150,000-450,000 /mm ³
Others	_____		

HBsAg _____
Anti-HAV IgM _____

NOTE: _____


FLORA MAE B. GALAY, RMT PRC#85817
Medical Technologist


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



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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.: 165020

SO No.: 00757952

Name: POINGAN, ISMAEL CUBERO

Age: 25 yrs.

Date: 6/17/2019

Physician:

Sex: MALE

Company: IPLOY INC.,

Patient Status:

Charge To: IPLOY INC.,

URINALYSIS

MACROSCOPIC:

Color	<u>Yellow</u>
Appearance	<u>Clear</u>
pH	<u>6.5</u>
Specific Gravity	<u>1.010</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>Rare</u>
Casts	
Mucus Threads	<u>Rare</u>
Bacteria	<u>Rare</u>
Crystals	<u>Calcium Oxalate: Rare</u>
Amorphous (Urates)	<u>Rare</u>
Amorphous (PO ₄)	


MISCELLANEOUS:

Pregnancy Test N/A

OTHERS:

NOTE:


ELISHA MARIE G. BANAAAY, RMT
Medical Technologist


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

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

Phone Number 266 3245

DRUG TEST REPORT



QM091593
65

CCF No: 201906170013

Name: POINGAN, ISMAEL CUBERO

Birthdate: 10/15/1993 Age: 25 Gender: M

Transaction Date Time: 6/18/2019 8:26:00AM

Report Date Time: 6/18/2019 5:07:23PM

Test Method ** TEST KIT

Purpose
Private Employment

Requesting Parties
IPLOY

Result

Drug/Metabolite	Result	Remarks
METHAMPHETAMINE	NEGATIVE	
TETRAHYDROCANNABINOL	NEGATIVE	

Test Conducted By

Approved By

67 MS. AIMEN JOY GRONIFILLO AGURO

DR. PETER SANGON AZNAR 66

Analyst

Head of Laboratory

Valid Within 12 Month/s from Transaction Date

This is a DOH-DDB IDTOMIS generated report

PRIME CARE CEBU



Patient ID: 19-10811 IPLOY
Patient Name: POINGAN, ISMAEL
Study Date: 06/17/2019