

MEDICAL EXAMINATION RECORD

Annual Physical Examination []

Pre-Employment []

Last Name NADERA **First Name** JOHN MICHAEL **M.I.** _____ **Date** 7/26/19

Address PUNTA PRINCESA, CEBU C. **Age** 23 **Civil Status** SINGLE **Sex** MALE

Place of Birth CEBU CITY **Date of Birth** 9/25/95 **Insurance Provider** _____

Occupation CALL CENTER AGENT **Name of Company** PILOY **Tel. / Mobile no.** 09771167084

PHYSICAL EXAMINATION

Temp.: 35.5 °C PR: 71 bpm RR: 15 bpm BP: 90/60 mmHg Ht: 154 cm Wt: 53.2 kgs.

Visual Acuity: Right Eye: 20/20 Left Eye: 20/20 BMI: 22.4 Underweight: Overweight:

(With/ Without eyeglasses) Normal Weight: Obese:

MEDICAL HISTORY

Past Medical History: _____

Family History: None

Previous Hospitalization: _____

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"/>	
Mouth / Teeth / Tongue	<input checked="" type="checkbox"/>		Extremities	<input checked="" type="checkbox"/>	
Neck / Nodes	<input checked="" type="checkbox"/>		Reflexes	<input checked="" type="checkbox"/>	
Chest/ Breast	<input checked="" type="checkbox"/>		BPE	<input checked="" type="checkbox"/>	

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:		
Urinalysis	<input checked="" type="checkbox"/>				
Fecalalysis	<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 7/26/19 Date Examined

Medical Examiner _____, M.D.

License No.: 33182



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.: 169650

SO No.: 00763064

Name: NADERA, JOHN MICHAEL ---

Age: 23 yrs.

Date: 7/26/2019

Requested by: _____

Sex: MALE

Patient Status: _____

Company: IPLOY INC.,

Charge To: IPLOY INC.,

COMPLETE BLOOD COUNT


			Normal Values
() WBC	<u>7,900</u> /mm ³		5,000-10,000 /mm ³
() RBC	<u>4.93</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>14.80</u> gm%		F: 12-15gm% M: 14-17gm%
() Hematocrit	<u>44.40</u> gm%		F: 38-48vol% M: 40-50vol%
Differential Count			
Neutrophils	<u>73</u> %	*	45-65%
Lymphocytes	<u>20</u> %		20-35%
Monocytes	<u>5</u> %		2-9%
Eosinophils	<u>2</u> %		0-6%
Basophils	_____ %	--	0-2%
Platelet Count	<u>300,000</u> /mm ³		150,000-450,000 /mm ³
Others	_____		

HBsAg _____

Anti-HAV IgM _____

NOTE: _____


LOVELY DEIGNS R. GLORI, RMT PRC#009
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

SO No.: 00763064

No.: 167150

Name: NADERA, JOHN MICHAEL ---

Age: 23 yrs.

Date: 7/26/2019

Physician: _____

Sex: MALE

Company: IPLOY INC.,

Patient Status: _____

Charge To: IPLOY INC.,

URINALYSIS

MACROSCOPIC:

Color	Light Yellow
Appearance	Slightly Hazy
pH	6.0
Specific Gravity	1.015
Glucose	Negative
Protein	Negative

MICROSCOPIC:

RBC / hpf	0-1
WBC / hpf	0-2
Epith. Cells / hpf	Moderate
Casts	
Mucus Threads	Few
Bacteria	Few
Crystals	
Amorphous (Urates)	Few
Amorphous (PO ₄)	

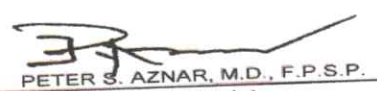
MISCELLANEOUS:

Pregnancy Test N/A

OTHERS:

NOTE:


ALDECHILLE D. RODRIGO, RMT
Medical Technologist


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



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

Phone Number 266 3245

DRUG TEST REPORT

QK982595
51

CCF No: 201907260006
 Name: NADERA, JOHN MICHAEL
 Birthdate: 09/25/1995 Age: 23 Gender: M

Transaction Date Time: 7/29/2019 9:13:00AM
 Report Date Time: 7/29/2019 6:19:52PM

Test Method ** TEST KIT

Purpose
Private Employment

Requesting Parties
IPLOY

Result

Drug/Metabolite	Result	Remarks
METHAMPHETAMINE	NEGATIVE	
TETRAHYDROCANNABINOL	NEGATIVE	

Test Conducted By

Approved By

06 MS. AIMEN JOY GRONIFILLO AGURO

DR. PETER SANSON AZNAR 20

Analyst

Head of Laboratory

Valid Within 12 Month/s from Transaction Date

This is a DOH-DDB IDTOMIS generated report

PRIME CARE CEBU