

Annual Physical Examination

Pre-Employment

Last Name Aquino First Name Bettina Marie M.I. G. Date 08-24-2019
 Address 18-C Lorida Street Cebu City Age 19 Civil Status S Sex F
 Place of Birth Cebu City Date of Birth 09-20-1999 Insurance Provider _____
 Occupation CSR Name of Company IPLOY Tel. / Mobile no. 09452378955

PHYSICAL EXAMINATION

Temp: 36.5 °C PR: 82 bpm RR: 19 bpm BP: 100/60 mmHg Ht: 164 cm Wt: 57 kgs
 Visual Acuity: Right Eye: 20/20-1 Left Eye: 20/20-1 BMI: 21.2
 Underweight: Overweight:
 Normal Weight: Obese:
 (With/ Without eyeglasses)

MEDICAL HISTORY

Past Medical History: None
 Family History: _____
 Previous Hospitalization: None
 Menstrual History: 12 y.o. Party _____ LMP: 8/18/19 Contraceptive Use: _____

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	/			/	
Fecalysis	/			/	
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
 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

8/27/19
Date Examined

[Signature]
Medical Examiner

License No.

M.D.



Medgroup Polyclinic & Diagnostic Center, Inc.

2nd Corner, Alford Center, A. Sanchez St. Ave., N.E.A.
Makati, City of Manila, 1000 Philippines
Tel Nos. (02) 752-2213 • (02) 266-3243

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

No. 171429 SO No. 00767115
Name: AQUINO, BETTINA MARIE GABIA Age: 18 yrs. Date: 8/24/2019
Requested by: _____ Sex: FEMALE
Patient Status: _____ Company: IPLOY INC.
Charge To: IPLOY INC.

COMPLETE BLOOD COUNT

		Normal Values
() WBC	<u>4,800</u> /mm ³ *	5,000-10,000 /mm ³
() RBC	<u>4.23</u> x 10 ⁶ /mm ³	Adult F: 4.2 - 5.4 X 10 ⁶ /mm ³ M: 4.7 - 5.10 X 10 ⁶ /mm ³
<u>..%₁</u>		Pedia F: 4.0 - 5.1 X 10 ⁶ /mm ³ M: 4.0 - 5.3 x 10 ⁶ /mm ³
() Hemoglobin	<u>12.70</u> gm%	F: 12-15gm% M: 14-17gm%
() Hematocrit	<u>38.10</u> gm%	F: 38-46vol% M: 40-50vol%
Differential Count.		
Neutrophils	<u>62</u> %	45-65%
Lymphocytes	<u>32</u> %	20-35%
Monocytes	<u>4</u> %	2-9%
Eosinophils	<u>2</u> %	0-6%
Basophils	<u> </u> %	0-2%
Platelet Count	<u>305,000</u> /mm ³	150,000-450,000 /mm ³
Others		

HBsAg _____
Anti-HAV IgM _____

NOTE:

KRISTINE JADE G. LABUCA, RMT
Medical Technologist

PETER S. AZNAR, M.D., F.P.S.P.
Pathologist
PIC 172410

Madrigal Polyclinics & Diagnostic Center, Inc.

2nd Level, APIS Center, A. Santos Jr. Ave., N.Y.A. Manila, City 122, 8000 Philippines
Tel Nos. (02) 252-2273 * (02) 256-3245

LABORATORY DEPARTMENT

License TO OPERATE No. 07-005-17-AS-2

No. 158267 SO No. 00767115
 Name: AQUINO, BETTINA MARIE GABIA Age: 19 yrs. Date: 8/24/2019
 Physician: _____ Sex: FEMALE
 Company: PLOY INC. Patient Status: _____
 Charge To: PLOY INC.

URINALYSIS

MACROSCOPIC:

Color Light Yellow
 Appearance Clear
 pH 5.0
 Specific Gravity 1.010
 Glucose Negative
 Protein Negative

MICROSCOPIC:

RBC / hpf 0-2
 WBC / hpf 0-2
 Epith. Cells / hpf Few
 Casts _____
 Mucus Threads Rare
 Bacteria Few
 Crystals _____
 Amorphous (Urates) Rare
 Amorphous (PO₄) _____


MISCELLANEOUS:

Pregnancy Test N/A

OTHERS:

NOTE:


ADETCVILLE D. RODRIGO, RMT
 Medical Technologist


PETER S. AZNAR, M.D., F.P.S.P.
 Pathologist
 PRC-172416

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

Phone Number 266 3245

DRUG TEST REPORT

PQ982099
52

CCF No: 201908240083
 Name: AQUINO, BETTINA MARIE GABIA
 Birthdate: 09/20/1999 Age: 19 Gender: F

Transaction Date Time: 8/26/2019 5:35:00PM
 Report Date Time: 8/27/2019 8:12:41AM

Test Method TEST KIT

Purpose
Private Employment

Requesting Parties
IPLOY

Result

Drug/Metabolite	Result	Remarks
METHAMPHETAMINE	NEGATIVE	
TETRAHYDROCANNABINOL	NEGATIVE	

Test Conducted By

Approved By

56 JEZEBEL C. SAPIROL-CURATIVO

DR. PETER SANSON AZNAR 35

Analyst

Head of Laboratory

Valid Within 12 Month's from Transaction Date

This is a DOH-DDB IDTQMIS generated report

PRIME CARE CEBU