

Annual Physical Examination

Pre-Employment

Last Name SERATA First Name MARY AN JAY M.I. F Date 09/05/19
 Address 11200 CUBICUBMC Age 23 Civil Status SINGLE Sex FEMALE
 Place of Birth ORLANDO CITY Date of Birth 04/19/1996 Insurance Provider _____
 Occupation CALL CENTER Name of Company IRIDI Tel. / Mobile no. 0910 9946539

PHYSICAL EXAMINATION

Temp 36.5 °C PR 85 bpm RR 15 bpm BP 90/60 mmHg HT 143 cm WT 53 kgs.
 Visual Acuity: Right Eye 20/70 Left Eye 20/70 BMI 25.7 Underweight: Overweight:
 (With) Without eyeglasses: Normal Weight: Obese:

MEDICAL HISTORY

Past Medical History: C-Mem, C-eyes, C-ears, C-FMA
 Family History: _____
 Previous Hospitalization: ..X C+I-Fyo - Discharge
 Menstrual History: 11 y o Parity 6010 LMP: 8/25/17 Contraceptive Use: none
Regular 6 days

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		
Neck / Nodes	<input checked="" type="checkbox"/>		Reflexes		
Chest/ Breast	<input checked="" type="checkbox"/>		BPE		


Laboratory	Normal	Findings	Laboratory	Normal	Findings
Chest X-Ray	<input checked="" type="checkbox"/>		ECG		
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 overweight
 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

1 09/05/19
 Date Examined


ANAPROT, FLORIDA, MD
 License N° 11180
 _____, M.D.
 Medical Examiner
 License No.: _____



Medgrupe Polyclinics & Diagnostic Center, Inc.

2nd level, APM Central, A. Tolentino Jr. Ave., B.R.A. Subala, Cebu City, 6000 Philippines
Tel Nos: (032) 712 7273 / (032) 706 3235

LABORATORY DEPARTMENT

License TO OPERATE No. 07-065-17-AE-7

No. 172604

SO No: 00769052

Name: SERATA, MARY ANN JOY FELIPE

Age: 23 yrs

Date: 9/5/2019

Requested by

Sex: FEMALE

Patient Status:

Company: IPLOY INC.

Charge To: IPLOY INC

COMPLETE BLOOD COUNT

			Normal Values
() WBC	4,400	mm^3	5,000-10,000 mm^3
() RBC	4.30	$\times 10^6/\text{mm}^3$	Adult F 4.2 - 5.4 $\times 10^6/\text{mm}^3$ M 4.7 - 6.10 $\times 10^6/\text{mm}^3$
			Pedia F 4.0 - 5.1 $\times 10^6/\text{mm}^3$ M 4.3 - 5.3 $\times 10^6/\text{mm}^3$
() Hemoglobin	13.00	gm%	F 12.15gm% M 14.17gm%
() Hematocrit	39.00	gm%	F 38.46vol% M 40.50vol%
Differential Count			
Neutrophils	56	%	45-65%
Lymphocytes	35	%	20-35%
Monocytes	5	%	2-9%
Eosinophils	4	%	0-6%
Basophils		%	0-2%
Platelet Count	450,000	mm^3	150,000-450,000 mm^3
Others			

HbAg

Anti-HAV IgM

NOTE

SHIELA MAE D. CABURNAY RMT PRC#928
Medical Technologist

PETER S. AZNAR, M.D. F.P.S.P.

Pathologist
MD - 0221



Medgrupee Polyclinics & Diagnostic Center, Inc.

2nd Level, APM Centre, A. Salinas Jr. Ave., M. B. Mabato, Cebu City, 6000 Philippines
Tel Nos. (032) 222-2223 (M) 294-3245

LABORATORY DEPARTMENT

No. 170229 License TO OPERATE No. 07-069-17-A9-2 SO No.: 00769052

Name: SERATA, MARY ANN JOY FELIPE Age: 23 yrs Date: 9/5/2019
 Physician Sex: FEMALE
 Company: IPLOY INC Patient Status:
 Charge To: IPLOY INC.

URINALYSIS

MACROSCOPIC

Color	Light Yellow
Appearance	Slightly Hazy
pH	6.0
Specific Gravity	1.010
Glucose	Negative
Protein	Negative

MICROSCOPIC:


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


MISCELLANEOUS:

Pregnancy Test	N/A
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OTHERS

NOTE


 LOVELY DEIGNS R. GLORI RMT PRC#009
 Medical Technologist


 PETER S. ANAR, MD, F.P.S.P.
 Pathologist
 PRC #2111



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

Phone Number 266 3245

DRUG TEST REPORT

CCF No: 201909050031
Name: SERATA, MARY ANN JOY FELIPE
Birthdate: 04/19/1996 Age: 23 Gender: F

Transaction Date Time: 9/7/2019 5:29:00PM
Report Date Time: 9/9/2019 12:15:28PM

Test Method TEST KIT

Purpose
Private Employment

Requesting Parties
IPLOY

Result

Drug/Metabolite	Result	Remarks
METHAMPHETAMINE	NEGATIVE	
TETRAHYDROCANNABINOL	NEGATIVE	

Test Conducted By

65 JEZEBEL C. CAPIROL-CURATIVO
Analyst

Approved By

DR. PETER SANSON AZNAR 26
Head of Laboratory

Valid Within 12 Month/s from Transaction Date

This is a DOH-DDB IDTOMIS generated report

PRIME CARE CEBU