

MEDICAL EXAMINATION RECORD

Annual Physical Examination []

Pre-Employment []

Last Name BRANCAN **First Name** MAY FLORES **M.I.** C **Date** 10/29/19

Address GREENFIELD, INAYAYAN CEBU CITY **Age** 29 y/o **Civil Status** S **Sex** F

Place of Birth CEBU CITY **Date of Birth** 05/02/1990 **Insurance Provider**

Occupation CAR-PHONE **Name of Company** IPLOY INC. **Tel. / Mobile no.** 0923 912 5047

PHYSICAL EXAMINATION

Temp.: 35.9 °C PR: 83 bpm RR: 20 bpm BP: 100/60 mmHg Ht: 151 cm Wt: 53.1 kgs.

Visual Acuity: Right Eye: 20/25 Left Eye: 20/20 BMI: 23.28 Underweight: Overweight:

(With/ Without eyeglasses) Normal Weight: Obese:

MEDICAL HISTORY

Past Medical History: Chronic Ear Pain, Earthing, Ear Wax, Ear Mucus & old allergic rhinitis, IPDM

Family History: DM (father)

Previous Hospitalization: ASV

Menstrual History: menarche 11 y.o. Parity G₁ P₁ LMP: 10/5/2019 - regular Contraceptive Use: none 5-7 days

Review of Systems	Normal	Findings	Review of Systems	Normal	Findings
Head & Scalp	/		Lungs	/	
Eyes & Ears	/		Heart	/	
Skin / Allergy	/		Abdomen	/	
Nose & Sinuses	/		Genitals	nt	
Mouth / Teeth / Tongue	/		Extremities	/	
Neck / Nodes	/		Reflexes	/	
Chest/ Breast	/		BPE	nt	ly

Laboratory	Normal	Findings	Laboratory	Normal	Findings
Chest X-Ray	/		ECG	NA	
CBC	/		Other Procedures:		
Urinalysis	/				
Fecalalysis	NA				
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 _____
Date Examined _____
Medical Examiner _____, M.D.
License No.: _____

Medgrupp Polyclinics & Diagnostic Center, Inc.
 2nd Level, APMA Center, A. Soriano Jr. Ave. N.R.A.
 Marikina City, 5000 Philippines
 Tel Nos. (032) 232-2273 / 032 266-3246



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

SO No.: 00776911
 Date: 10/29/2019
 Sex: FEMALE
 Age: 29 yrs
 Name: ABANGAN, MAY FLOR CARACOT
 No.: 175975
 Company: IPLOY INC.
 Charge To: IPLOY INC.
 Requested by:
 Patient Status:

COMPLETE BLOOD COUNT

Normal Values
 5,000-10,000 /mm³
 Adult
 F: 4.2 - 5.4 X 10⁶ /mm³
 M: 4.7 - 6.10 X 10⁶ /mm³
 Pedia
 F: 4.0 - 5.1 X 10⁶ /mm³
 M: 4.0 - 5.3 X 10⁶ /mm³
 F: 12-15gm% M: 14-17gm%
 F: 38-48vol% M: 40-50vol%

5,200 /mm³
 4.66 x 10⁶ /mm³
 () WBC
 () RBC

13.00 gm%
 39.00 gm%
 () Hemoglobin
 () Hematocrit

Differential Count
 Neutrophils 55%
 Lymphocytes 6%
 Monocytes 4%
 Eosinophils 4%
 Basophils 4%
 Platelet Count 318,000 /mm³
 Others

45-65%
 20-35%
 2-9%
 0-6%
 0-2%
 150,000-450,000 /mm³

HBsAg
 Anti-HAV Igm

NOTE:

CYRA MAE LAURON, RMT
 Medical Technologist
 Lp. No. 0093012

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

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 Marikina, Cebu City, 6000 Philippines
 Tel. No. (032) 232-2273 • 032 265-3246

LABORATORY DEPARTMENT
 License TO OPERATE No. : 07-065-17-AS-2
 SO No. : 00776911
 Date: 10/29/2019
 Sex : FEMALE
 Age : 29 yrs.
 Patient Status: _____
 Name : ABANGAN, MAY FLOR CARACOT
 173793
 Physician : _____
 Company : IPLOY INC.,
 Charge To: IPLOY INC.,

URINALYSIS

MACROSCOPIC:
 Color Appearance
 pH
 Specific Gravity
 Glucose
 Protein
 MICROCOPIC:
 RBC / hpf
 WBC / hpf
 Epith. Cells / hpf
 Casts
 Mucus Threads
 Bacteria
 Crystals
 Amorphous (Urates)
 Amorphous (PO4)
 MISCELLANEOUS:
 Pregnancy Test

0-1
 0-1
 Rare
 Rare
 Rare
 Rare
 N/A

NOTE:

OTHERS:

CHERRY FAVE D. PENARMT
 Medical Technologist
 Lic. No. 0050235

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