## MEDICAL EXAMINATION RECORD

	Joseph Bileti	nination [ ]	Pre-Emplo	Syment VI	
Last Name Wolf-E	Fin	rst Name JUST IN	m.i L.	Date	11-06-2019
Sitio Upper Cap Address Tisa	olulan Ag	ge Z/	Civil Status S/NG	LE Sex	MALE
Place of Birth Celu Cit	Y Da	te of Birth <i>05/24//</i> 9	998 Insurance Provider	WA	<
Occupation BPO		me of Company 1920	ΟΥ Tel./ Mob	oile no. 097	
Family History:1 Previous Hospitalization: Menstrual History:	: 20/ 20 vith/withou	MEDICAL HISTO  Parity	Norma RY	Ht: <u>178</u> cm weight: al weight:	Overweight: U
Review of Systems	Normal	FINDINGS	Review of Systems	Normal	FINDINGS
Head & Scalp	/		Lungs		
Eyes & Ears	1		Heart	1	
Skin / Allergy			Abdomen		
Nose & Sinuses	/		Genitals		4
Mouth / Teeth / Tongue			Extremities	1	
Neck / Nodes	/		Reflexes		
Check / Breast	/		BPE		
	/		Rectal		
LABORATORY	Normal	FINDINGS	Review of Systems	Normal	FINDINGS
LABORATORY Chest x-Ray	Normal	FINDINGS	Review of Systems	Normal	FINDINGS
	Normal X	FINDINGS	ECG	Normal #4	FINDINGS
Chest x-Ray		FINDINGS			FINDINGS
Chest x-Ray CBC •	X	FINDINGS	ECG		FINDINGS
Chest x-Ray CBC Urinalysis Fecalysis		FINDINGS	ECG		FINDINGS
Chest x-Ray CBC Urinalysis Fecalysis Drug Test I certify that I have examined Classification:	ASS A	the employee to be physical Physically fit for all types	ECG Other Procedures  ally [] fit []  Unfit for emple	<i>N</i> A	FINDINGS
Chest x-Ray CBC Urinalysis Fecalysis Drug Test I certify that I have examined Classification:	ASS A	Physically fit for all types Physically fit for all types Physically fit for all types Has minor ailment/ defect Needs treatment/ cor Treatment optional for	Other Procedures  ally [] fit []  Unfit for empl  of work of work tt. Easily curable or offers n rection _EOR, Ch	oyment.  o handicap to a	applied.
Chest x-Ray CBC Urinalysis Fecalysis Drug Test I certify that I have examined Classification:	ASS A	Physically fit for all types Physically fit for all types Physically fit for all types Has minor ailment/ defect Needs treatment/ cor Treatment optional for	Other Procedures  Other Procedures  ally [] fit []  Unfit for empl  of work of work t. Easily curable or offers n rectionE CRCM  or: nous type of work. Has min of handicap to job applied. rection	oyment.  o handicap to a	applied.
Chest x-Ray CBC Urinalysis Fecalysis Drug Test I certify that I have examined Classification:  [ ] CL [ ] CL [ ] CL	ASS A	Physically fit for all types Physically fit for all types Physically fit for all types Has minor ailment/ defect Needs treatment/ cor Treatment optional for Physically fit for less street Easily curable or offers not Needs treatment/ cor Treatment optional for	Other Procedures  Other Proced	oyment.  o handicap to a  lesi ty  or ailments/de	applied.
Chest x-Ray CBC Urinalysis Fecalysis Drug Test I certify that I have examined Classification:  [ ] CL [ ] CL [ ] CL [ ] PE	ASS A ASS B ASS D ASS E	Physically fit for all types Physically fit for all types Physically fit for all types Has minor ailment/ defect Needs treatment/ cor Treatment optional for Physically fit for less stree Easily curable or offers no Needs treatment/ cor Treatment optional for Treatment optional for Employment at the risk at Unfit for employment	Other Procedures  Other Proced	oyment.  o handicap to a  lesi ty  or ailments/de	applied.
Chest x-Ray CBC Urinalysis Fecalysis Drug Test I certify that I have examined Classification:  [ ] CL [ ] CL [ ] CL	ASS A ASS B ASS D ASS E	Physically fit for all types Physically fit for all types Physically fit for all types Has minor ailment/ defect Needs treatment/ cor Treatment optional for Physically fit for less stree Easily curable or offers no Needs treatment/ cor Treatment optional for Treatment optional for Employment at the risk at Unfit for employment	Other Procedures  Other Proced	oyment.  o handicap to a  lesi ty  or ailments/de	applied.



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.: 176285				SO No.: 00777599
Name: WOLFE, JUSTIN	LARENA		Age: 21 yrs.	Date: 11/6/2019
Requested by:				Sex: MALE
Patient Status:		Company:	IPLOY INC.,	
		Charge To:		THE STATE OF THE S
CO	MPLETE BI	LOOD C	OUNT	
				nal Values
() WBC	11,300	_/mm <sup>3</sup> *		000 /mm <sup>3</sup>
() RBC	5.36	x 10 <sup>6</sup> /mn		dult
				4 X 10 <sup>6</sup> / mm <sup>3</sup>
				.10 X 10 <sup>6</sup> / mm <sup>3</sup>
			P	edia
				1 X 10 <sup>6</sup> / mm <sup>3</sup> .3 x 10 <sup>6</sup> /mm <sup>3</sup>
( ) Hama alahia	15.50	0/		
() Hemoglobin	15.53	gm%	_	m% M: 14-17gm%
() Hematocrit	46.60	gm%	F: 38-48V	ol% M: 40-50vol%
Differential Count				
Neutrophils	59	%	45-65%	
Lymphocytes	33	<u></u> %	20-35%	
Monocytes	5	%	2-9%	
Eosinophils	3	%	0-6%	
Basophils		%	0-2%	
Platelet Count	360,000	/mm <sup>3</sup>	150,000-4	150,000 /mm <sup>3</sup>
Others				
HBsAg				
Anti-HAV IgM				
NOTE:				
				_
/ VD		7	3	
CHERRY FAYE D. PE		PETE	R S. AZNAR, M	M.D., F.P.S.P.
Medical Technolo Lic. No. 0050285			Patholog PRC #7241	
210. 110. 403028			110 11241	•

Tel Nos. (032) 232-2273 \* (032) 266-3246

LABORATORY DEPARTMENT

License TO OPERATE No.: 0	07-065-17-AS-2 SO No.: 00777599	
Name: WOLFE, JUSTIN LARENA	Age: 21 yrs. Date: 11/6/2019	
Physician :	Sex: MALE	
Company : IPLOY INC.,	Patient Status:	
Charge To: IPLOY INC.,		
URINALYSIS	S	
MACROSCOPIC:		
Color Yellov	ow .	
Appearance Clear	r	
pH6.0		
Specific Gravity 1.020	)	
Glucose Negati		
Protein Negat	ative	
MICROSCOPIC:		
RBC / hpf 0-1		
WBC / hpf 1-3		
Epith. Cells / hpf Few		
Casts		
Mucus Threads Rare		
Bacteria Rare		
Crystals		
Amorphous (Urates) Rare		
Amorphous (PO <sub>4</sub> )		
MISCELLANEOUS:		
Pregnancy Test N/A		
OTHERS:		
		-
NOTE:		-
CHERRY FAYE D. PEÑA,RMT  Medical Technologist  Lic. No. 0050285	PETER S. AZNAR, M.D., F.P.S.P. Pathologist PRC #72410	-



# Medgruppe 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

www.Medgruppe.Com
DOH-POEA-MARINA ACCREDITED NO. RLS-584-08-04

WOLFE, JUSTIN LARENA Patient Name: X-Ray No./Case No.: 19-19502 Date of Birth: 5/24/1998 Age: 21 Sex: MALE Date: NOV 6,2019 IPLOY INC., Examination/Procedure: Company: CHEST PA Referred by: IPLOY INC., Service Order No.: 0000777599

#### X-RAY REPORT

#### FINDINGS:

Both lungs are clear. The heart is not enlarged. The pulmonary vessels are within normal limits. The trachea is in the midline. Both hemidiaphragms are sharp and distinct. The included bones are unremarkable.

#### REMARKS:

> NORMAL CHEST

Finding is based on radiographic interpretation. Clinical correlation is suggested.

PATRICK IAN DUMALAGAN

Encoder

KAREN SITACA-DIÑO, MD FPCR PRC#0100318

Radiologist

Date printed: 11/6/2019



## **DEPARTMENT OF HEALTH**

Gender: M

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

Phone Number 266 3245

QI942498

**DRUG TEST REPORT** 

CCF No:

201911060032

Name: WOLFE, JUSTIN LARENA Birthdate:

05/24/1998

Age: 21

Transaction Date Time: 11/8/2019 7:36:00AM

Report Date Time:

11/8/2019 3:23:19PM

**Test Method** 

**TEST KIT** 

Purpose Private Employment

**Requesting Parties IPLOY** 

Result

Drug/Metabolite	Result	Remarks
METHAMPHETAMINE	NEGATIVE	
TETRAHYDROCANNABINOL	NEGATIVE	

**Test Conducted By** 

Approved By

65

JEZEBEL C. CAPIROL-CURATIVO

DR. PETER SA MISON 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



#### MEDGRUPPE POLYCLINICS AND DIAGNOSTIC CENTER, INC.

MEDGRUPPE POLITICIANG AND DIAGNOSTIC CENTER, INC.

2<sup>ND</sup> Floor, APM Centrale Mall, Soriano Ave., NRA, Brgy. Mabolo, Cebu City, Philippines 6000
Tel. No. (032) 232-2273 Fax: (032) 234-2273
CUSTODY AND CONTROL FORM
(Form DT-002A - COPY FOR THE DONOR)

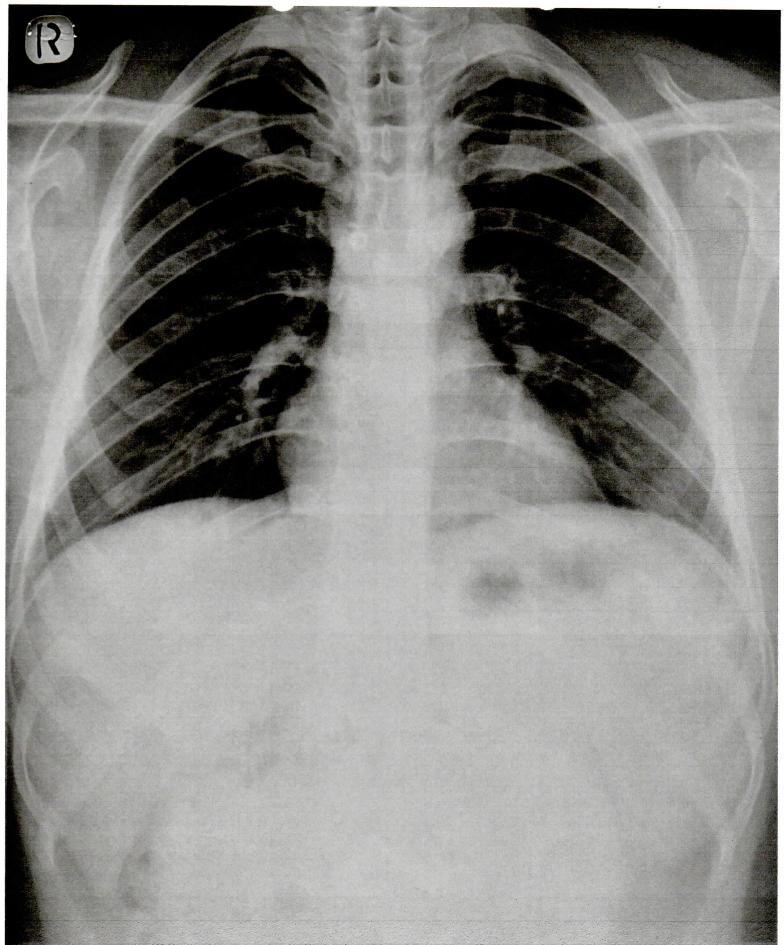
SPECIMEN ID NO.

LAB ACCESSION NO.

STEP 1	COMPL	LETED BY	COLLECTOR	OR EMPLOYER	REPRESENTATIVE

V. A. Client's/Donor's/Subject's Name  V. E. Employer Name and Address  F. Type of Specimen:  I Cloud I The Floor INSY TOWER PECA dark RD, Cetha bwile! Park  G. Reason for Test:  I Virine  I Blood  I Blood  I Character RD, Cetha bwile! Park  I Reasonable Suspicion/Cause
F. Type of Specimen:  / Urine / Blood / Others(specify) H. Drug Tests to be Performed:  G. Reason for Test: / Pre-employment / Reasonable Suspicion/Cause / / Return to Duty / / Mandatory / / Follow-up / / Others (specify) / Others (specify)
/ / Blood / / Return to Duty / / Mandatory / / Post Accident / / Others(specify) / / Others (specify) / / THC, COC, PCP, OPI, AMP / / THC & MET Only / / Others (specify) / / Others (specify)
/ / Others(specify) / / Follow-up / / Others (specify) / Others (specify) / / Oth
STEP 2 COMPLETED BY COLLECTOR
THE TAX AND THE TA
Read specimen temperature within 4 minutes. Is temperature between 32°Cand 38°C?
REMARKS
STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initial seal(s). Donor completes STEP 5. STEP 4: CHAIN OF CUSTODY – INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY
I certify that the specimen given to me by the donor identified in the certification section on Step 5 of this form was collected, sealed and released to the Delivery Service noted accordance with applicable Department of Health requirements.
X AM/PM Signature of Collector Time of Collection SPECIMEN BOTTLE(S) RELEASED TO:
(PRINT) Collector's Name (first, MI, Last)  Date (Mo/Day/Yr)  Name of Delivery Service Transferring Specimen to Lab.
RECEIVED AT LAB STATUS OF THE SPECIMEN SPECIMEN BOTTLE(S) RELEASED TO:
X (a) Seal Intact / /Yes / /No
Signature of Accessioner (b) Transport Device
Signature & Printed Name of Receiving Person
(PRINT) Accessioner's Name (First, MI, Last)     Date (Mo/Day/Yr)       Print Name (First, MI, Last)     Date (Mo/Day/Yr)
STEP 5 COMPLETED BY THE DONOR
I certify that I provided my urine specimen to the collector; that I have not adulterated it in any manner; each specimen bottle used was sealed with a tamper-evident seal in presence; and that the information provided on this form and on the affixed bottle is correct.
presence; and the the artornation provided on this form and on the affixed bottle is correct.
Signature of Donor  Contact No. O9218158321  (PRINT) Donor's Name (First, MI, Last)  Date (Mo/Day/Yr)  Date of Birth 05 / 24 / 1993
Additional information may be asked from you by the laboratory particularly on drugs and medications.
STEP 6: COMPLETED BY HEAD OF SCREENING LABORATORY
In accordance with applicable Department of Health requirements, my determination/verification is:
/ NEGATIVE / / POSITIVE / / TEST CANCELLED / / REFUSAL TO TEST BECAUSE: / / DILUTED / / ADULTERATED / / SUBSTITUTED
/ / OTHERS (Specify)
REMARKS
X JEZEBEL C. CAPIROL- CURATIVO, RMT Signature & Name of Analyst (First. MI, Last) Signature & Name of Head of Laboratory (First. MI, Last) Date (Mo/Day/Yr)
STEP 7: COMPLETED BY CONFIRMATORY LABORATORY
In accordance with applicable Department of Health requirements, my determination/verification for the specimen (if tested) is:  // CONFIRMED FOR: // CALLENGE / / FAILED TO CONFIRM – REASON
//THC //MET //OTHERSX
Signature of Analyst (PRINT) Signature & Name of Head of Laboratory (First. MI, Last) Date (Mo/Day/Yr)
• STEP 8 : TO BE COMPLETED BY NATIONAL REFERENCE LABORATORY (NRL
In accordance with applicable Department of Health requirements, my determination/verification for the specimen (if tested) is:
/ / RECONFIRMED FOR: / / THC / / MET / / FAILED TO CONFIRM – REASON
X

Form DT – 002A - Copy for the Donor
 Form DT – 002B - Copy for the Collection Site
 Form DT – 002C - Copy for the Laboratory
 Form DT – 002D - Copy for the Confirmatory Laboratory



Patient ID: 19-19502 IPLOY INC Patient Name: WOLFE,JUSTIN Study Date: 11/06/2019