

MEDICAL EXAMINATION RECORD

Annual Physical Examination []

Pre-Employment [x]

Last Name RONDINA First Name CHRISTIAN M.I. S. Date 11/25/2019
 Address CUBACUB, M.C. Age 20 Civil Status Single Sex M
 Place of Birth CEBU CITY Date of Birth 12/24/98 Insurance Provider _____
 Occupation CSR Name of Company IPLO4 Tel./ Mobile no. 09266529171

PHYSICAL EXAMINATION

Temp.: 36.6 °C PR: 91 bpm RR: 20 bpm BP: 110/70 mmHg Ht: 171 cm Wt: 94 kgs
 Visual Acuity: Right Eye: 20/20 Left Eye: 20/20 BMI: _____ Underweight: Overweight:
 (with/ without eyeglasses) Normal weight: **Obese:**

MEDICAL HISTORY

Past Medical History: (-)
 Family History: (-)
 Previous Hospitalization: childhood - pneumonia
 Menstrual History: _____ y.o Parity _____ LMP: _____ Contraceptive Use: _____

Review of Systems	Normal	FINDINGS	Review of Systems	Normal	FINDINGS
Head & Scalp	/		Lungs	/	
Eyes & Ears	/		Heart	/	
Skin / Allergy	/		Abdomen	/	<u>21</u>
Nose & Sinuses	/		Genitals		
Mouth / Teeth / Tongue	/		Extremities	/	
Neck / Nodes	/		Reflexes		
Check / Breast	/		BPE		
			Rectal		

LABORATORY	Normal	FINDINGS	Review of Systems	Normal	FINDINGS
Chest x-Ray	/		EKG	<u>NA</u>	
CBC	/		Other Procedures		
Urinalysis	/				
Fecalysis	<u>NA</u>				
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 applied.
 Needs treatment/ correction Obesity
 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 _____
 Treatment optional 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

11/25/2019
 Date Examined

_____, M.D.
 Medical Examiner
 License No. 12014



Medgrupe Polyclinics & Diagnostic Center, Inc.

IMMEDIATE MEDICAL AND DENTAL CARE CENTER

2nd Level, APM Centre, A. Soriano Jr. Ave., N.R.A.
Mabolo, Cebu City, 6000 Philippines
Tel Nos. (032) 232-2273 * (032) 265-3245

LABORATORY DEPARTMENT

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

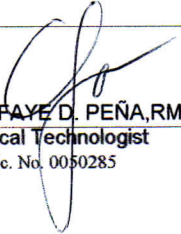
No.: 177255 SO No.: 00779912
 Name: RONDINA, CHRISTIAN SEVILLA Age: 20 yrs. Date: 11/25/2019
 Requested by: _____ Sex: MALE
 Patient Status: _____ Company: IPLOY INC.,
 Charge To: IPLOY INC.,


COMPLETE BLOOD COUNT

		Normal Values
() WBC	<u>6,300</u> /mm ³	4,000-10,000 /mm ³
() RBC	<u>4.76</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>14.87</u> gm%	F: 12-15gm% M: 14-17gm%
() Hematocrit	<u>44.60</u> gm%	F: 38-48vol% M: 40-50vol%
Differential Count		
Neutrophils	<u>54</u> %	45-65%
Lymphocytes	<u>32</u> %	20-35%
Monocytes	<u>9</u> %	2-9%
Eosinophils	<u>5</u> %	0-6%
Basophils	<u> </u> %	0-2%
Platelet Count	<u>365,000</u> /mm ³	150,000-450,000 /mm ³
Others	_____	

HBsAg _____
 Anti-HAV IgM _____

NOTE: _____


 CHERRY FAYE D. PEÑA, RMT
 Medical Technologist
 Lic. No. 0050285


 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

No.: 175069

SO No.: 00779912

Name : RONDINA, CHRISTIAN SEVILLA

Age : 20 yrs.

Date: 11/25/2019

Physician : _____

Sex : MALE

Company : IPLOY INC.,

Patient Status: _____

Charge To: IPLOY INC.,

URINALYSIS

MACROSCOPIC:

Color	<u>Light Yellow</u>
Appearance	<u>Hazy</u>
pH	<u>7.0</u>
Specific Gravity	<u>1.010</u>
Glucose	<u>Negative</u>
Protein	<u>Negative</u>

MICROSCOPIC:

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

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



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DOH-POEA-MARINA ACCREDITED NO. RLS-584-08-04

Patient Name:	<u>RONDINA, CHRISTIAN SEVILLA</u>	X-Ray No./Case No.:	<u>19-20422</u>
Date of Birth:	<u>12/24/1998</u> Age: <u>20</u> Sex: <u>MALE</u>	Date:	<u>NOV 25,2019</u>
Company:	<u>IPLOY INC.,</u>	Examination/Procedure:	<u>CHEST PA</u>
Referred by:	<u>IPLOY INC.,</u>	Service Order No.:	<u>0000779912</u>

X-RAY REPORT

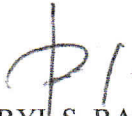
FINDINGS:


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.


DARYL S. RAGASAJO
Encoder


KAREN SITACA-DIÑO, MD FPCR PRC#0100318
Radiologist



QH012498
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DEPARTMENT OF HEALTH
MEDGRUPPE POLYCLINICS AND DIAGNOSTIC CENTER, INC.
2L APM CENTRALE MALL, SORIANO AVENUE, MABOLO, CEBU CITY, CEBU

Phone Number 232-2273

DRUG TEST REPORT

CCF No: 201911250006
Name: RONDINA, CHRISTIAN SEVILLA
Birthdate: 12/24/1998 Age: 20 Gender: M

Transaction Date Time: 11/26/2019 6:47:00AM
Report Date Time: 11/26/2019 4:27:07PM

Test Method TEST KIT

Purpose
Private Employment

Requesting Parties
IPLOY

Result

Drug/Metabolite	Result	Remarks
METHAMPHETAMINE	NEGATIVE	
TETRAHYDROCANNABINOL	NEGATIVE	

Test Conducted By

Approved By

77 JEZEBEL C. CAPIROL-CURATIVO

DR. PETER SANSON AZNAR

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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.
 2ND 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 COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

✓ A. Client's/Donor's/Subject's Name CHRISTINA J. BONDINA ✓ B. Address: URACUB, U.C. ✓ C. Age: 20 ✓ D. Sex: M
 ✓ E. Employer Name and Address HRDY STAFFING SOLUTIONS CEBU BUSINESS PARK
 F. Type of Specimen: Urine Blood Others(specify) _____
 G. Reason for Test: Pre-employment Return to Duty Random Mandatory Follow-up Others (specify) _____
 H. Drug Tests to be Performed: THC, COC, PCP, OPI, AMP THC & MET Only Others (specify) _____

STEP 2 COMPLETED BY COLLECTOR

Read specimen temperature within 4 minutes. Is temperature between 32°C and 38°C? <input type="checkbox"/> Yes <input type="checkbox"/> No	Specimen Collection: <input checked="" type="checkbox"/> Observed <input type="checkbox"/> Unobserved Specimen Sampling: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Split Specimen Volume: _____ ml. Physical Appearance: Color: _____	Other Observation (Enter Remark)
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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 in accordance with applicable Department of Health requirements.

X _____ AM/PM
Signature of Collector Time of Collection

(PRINT) Collector's Name (first, MI, Last) _____ Date (Mo/Day/Yr)

SPECIMEN BOTTLE(S) RELEASED TO:

Name of Delivery Service Transferring Specimen to Lab.

RECEIVED AT LAB: X _____ Signature of Accessioner _____ (PRINT) Accessioner's Name (First, MI, Last)	STATUS OF THE SPECIMEN (a) Seal Intact <input type="checkbox"/> Yes <input type="checkbox"/> No (b) Transport Device _____ (c) Description _____	SPECIMEN BOTTLE(S) RELEASED TO: Signature & Printed Name of Receiving Person _____ Print Name (First, MI, Last) _____ Date (Mo/Day/Yr)
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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 my presence; and that the information provided on this form and on the affixed bottle is correct.

✓ _____
Signature of Donor (PRINT) Donor's Name (First, MI, Last) CHRISTINA J. BONDINA
 ✓ Contact No. 092266529171 ✓ Date of Birth 12/25/98
 Mo Day Yr

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)
PETER S. AZNAR, M.D., F.P.S.P. 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: CHALLENGE FAILED TO CONFIRM - REASON _____
 THC MET OTHERS _____

X _____ (PRINT) Signature & Name of Head of Laboratory (First, MI, Last) _____ Date (Mo/Day/Yr)
 Signature of Analyst

STEP 8: TO BE COMPLETED BY NATIONAL REFERENCE LABORATORY (NRL)

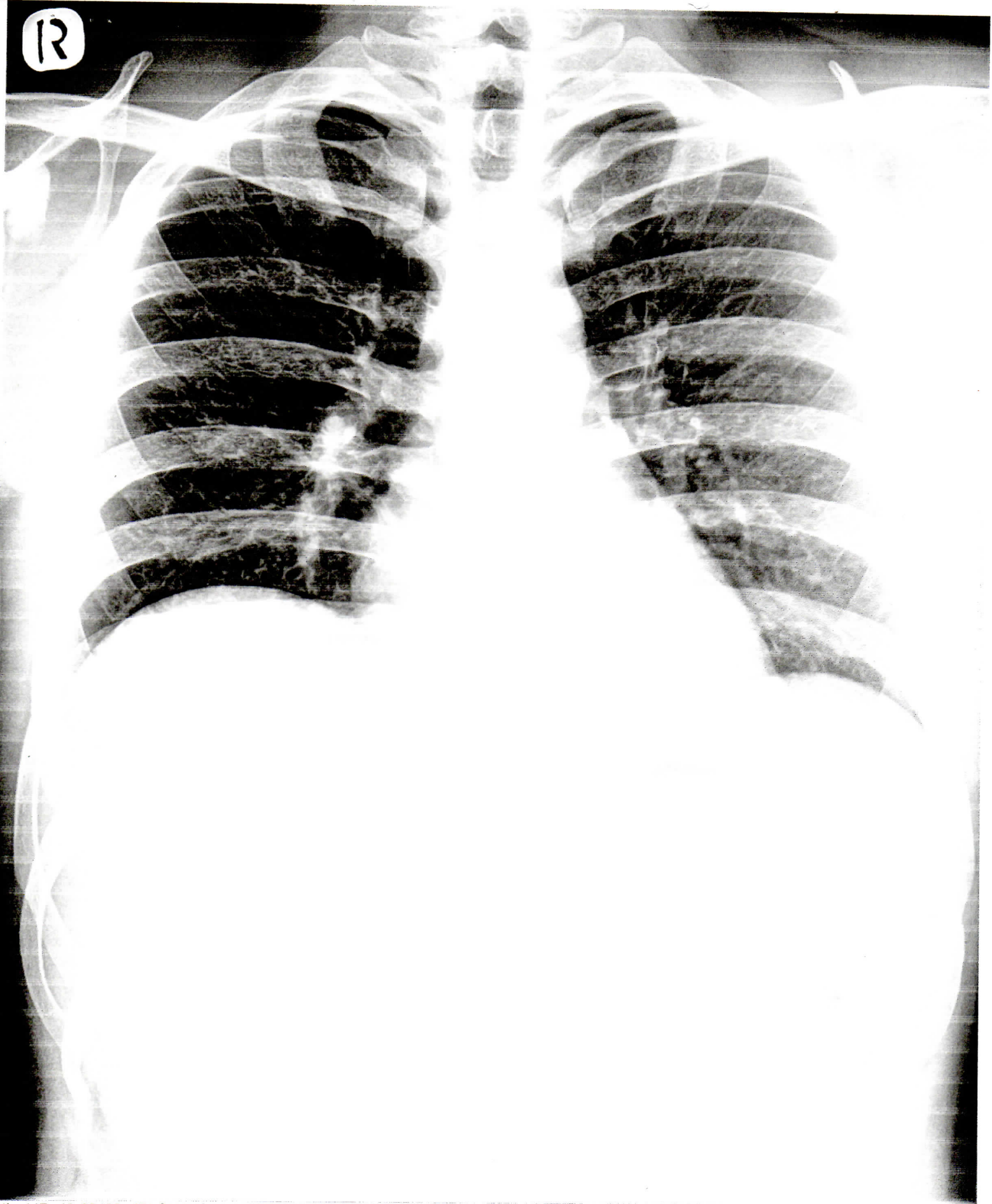
In accordance with applicable Department of Health requirements, my determination/verification for the specimen (if tested) is:

RECONFIRMED FOR: FAILED TO CONFIRM - REASON _____
 THC MET OTHERS _____

X _____ (PRINT) Signature & Name of Head of Laboratory (First, MI, Last) _____ Date (Mo/Day/Yr)
 Signature of Analyst

1. Form DT - 002A - Copy for the Donor
2. Form DT - 002B - Copy for the Collection Site
3. Form DT - 002C - Copy for the Laboratory
4. Form DT - 002D - Copy for the Confirmatory Laboratory (Positive Sample)

R



Patient ID: 19-20422 IPLOY INC
Patient Name: RONDINA,CHRISTIAN
Study Date: 11/25/2019