Prime Care CEBU

IMMEDIATE MEDICAL & DENTAL CARE CENTER

# MEDICAL EXAMINATION RECORD

Annual Physical Examination [ ]    Pre-Employment [✓]

Last Name: Albia    First Name: Joanna Marie    M.I: V.    Date: 12-19-19

Address: Dean Homes, Suba, Dumlog Talisay City, Cebu    Age: 34    Civil Status: Single    Sex: F

Place of Birth: Cebu City    Date of Birth: 06-15-1985    Insurance Provider:

Occupation: CSR    Name of Company: ~~iPloy~~ iPloy    Tel./ Mobile no. 09395788873

## PHYSICAL EXAMINATION

Temp.: 35.6 °C    PR: 80 bpm    RR: 15 bpm    BP: 90/60 mmHg    Ht: 150 cm    Wt: 42 kgs

Visual Acuity:    Right Eye: 20/ 25    Left Eye: 20/ 25    BMI: 18.6    Underweight: [ ]    Overweight: [ ]

(with/ without eyeglasses)    Normal weight: [✓]    Obese: [ ]

## MEDICAL HISTORY

Past Medical History: [illegible]

Family History: (+) HPN

Previous Hospitalization: [illegible] 2012 – UTI 2018 – [illegible]

Menstrual History: 14 y.o    Parity: G0P0    LMP: 11-27-19    Contraceptive Use: none

Regular: 4 days

| Review of Systems | Normal | FINDINGS | Review of Systems | Normal | FINDINGS |
|---|---|---|---|---|---|
| Head & Scalp | ✓ | | Lungs | ✓ | |
| Eyes & Ears | ✓ | | Heart | ✓ | |
| Skin / Allergy | ✓ | (+) TATTOO | Abdomen | ✓ | |
| 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 | ✓ | | ECG | | |
| CBC | ✓ | | Other Procedures | NA | |
| Urinalysis | ✓ | | | | |
| Fecalysis | | | | | |
| Drug Test | NA | | | | |

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 ______
[ ] Treatment optional for: ______

[ ] CLASS C — Physically fit for less strenous 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: ______

[signature] Patient's Signature    12-19-19 Date Examined    [signature], M.D. Medical Examiner

License No. [illegible]

**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

## LABORATORY DEPARTMENT

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

No.: 178267 SO No.: 00782709
Name: ALBIA, JOANNA MARIE VERGARA Age: 34 yrs. Date: 12/19/2019
Requested by: Sex: FEMALE
Patient Status: Company: IPLOY INC.,
Charge To: IPLOY INC.,

## COMPLETE BLOOD COUNT

| Test | Result | Unit | Normal Values |
|---|---|---|---|
| ( ) WBC | 5,300 | /mm$^3$ | 4,000-10,000 /mm$^3$ |
| ( ) RBC | 3.97 | 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 | 12.60 | gm% | F: 12-15gm% M: 14-17gm% |
| ( ) Hematocrit | 38.00 | gm% | F: 38-48vol% M: 40-50vol% |
| Differential Count | | | |
| Neutrophils | 56 | % | 45-65% |
| Lymphocytes | 33 | % | 20-35% |
| Monocytes | 5 | % | 2-9% |
| Eosinophils | 6 | % | 0-6% |
| Basophils | | % -- | 0-2% |
| Platelet Count | 207,000 | /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.: 176055 SO No.: 00782709
Name : ALBIA, JOANNA MARIE VERGARA Age : 34 yrs. Date: 12/19/2019
Physician : Sex : FEMALE
Company : IPLOY INC., Patient Status:
Charge To: IPLOY INC.,

## URINALYSIS

| Test | Result |
|---|---|
| **MACROSCOPIC:** | |
| Color | Light Yellow |
| Appearance | Clear |
| pH | 6.5 |
| Specific Gravity | 1.010 |
| Glucose | Negative |
| Protein | Negative |
| **MICROSCOPIC:** | |
| RBC / hpf | 0-1 |
| WBC / hpf | 0-1 |
| Epith. Cells / hpf | Few |
| Casts | |
| Mucus Threads | Rare |
| Bacteria | Rare |
| Crystals | |
| Amorphous (Urates) | Rare |
| Amorphous ($PO_4$) | |
| **MISCELLANEOUS:** | |
| Pregnancy Test | N/A |

OTHERS:

NOTE:

CYRA MAE A. LAURON, RMT
Medical Technologist
Lic. No. 0093012

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

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Tel Nos. (032) 232-2273 * (032) 266-3245
www.Medgruppe.Com
DOH-POEA-MARINA ACCREDITED NO. RLS-584-08-04

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Patient Name: | ALBIA, JOANNA MARIE VERGARA | | | | | X-Ray No./Case No.: | **19-21522** |
| Date of Birth: | 6/15/1985 | Age: | 34 | Sex: | FEMALE | Date: | DEC 19,2019 |
| Company: | IPLOY INC., | | | | | Examination/Procedure: | CHEST PA |
| Referred by: | IPLOY INC., | | | | | Service Order No.: | 0000782709 |

## X-RAY REPORT

FINDINGS:

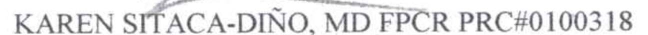
Both lungs are clear. The heart is not enlarged. The pulmonary vessels are within normal limits. The trachea is in the midline. Both hemidiaphragms are sharp and distinct. The included bones are unremarkable.

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: 12/19/2019

**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 Joanna Marie V. Albia √ B. Address: Pron Homes, Dumlog Talisay City Cebu √ C. Age: 34 √ D. Sex: F
√ E. Employer Name and Address iPlay / 4th Fl Ayala Center Cebu Tower
F. Type of Specimen:
/ / Urine
/ / Blood
/ / Others(specify) ____
G. Reason for Test:
/ / Pre-employment / / Random / / Reasonable Suspicion/Cause
/ / Return to Duty / / Mandatory / / Post Accident
/ / Follow-up / / Others (specify) ____
/ / Others (specify) ____
H. Drug Tests to be Performed: / / THC, COC, PCP, OPI, AMP / / THC & MET Only

STEP 2 COMPLETED BY COLLECTOR

Read specimen temperature within 4 minutes.
Is temperature between 32°C and 38°C?
/ / Yes / / No

Specimen Collection: / / Observed / / Unobserved
Specimen Sampling: / / Single / / Split
Specimen Volume: ____ ml. Physical Appearance: Color: ____

Other Observation (Enter Remark)

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____ Signature of Collector
ANALYN O. FLORES
(PRINT) Collector's Name (first, MI, Last)

____AM/PM Time of Collection
DEC 19 2019
Date (Mo/Day/Yr)

SPECIMEN BOTTLE(S) RELEASED TO:
____ Name of Delivery Service Transferring Specimen to Lab.

RECEIVED AT LAB:
X____ Signature of Accessioner
ANALYN O. FLORES
(PRINT) Accessioner's Name (First, MI, Last)
DEC 19 2019
Date (Mo/Day/Yr)

STATUS OF THE SPECIMEN
(a) Seal Intact / / Yes / / 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)

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] Signature of Donor
√ Joanna Marie V. Albia (PRINT) Donor's Name (First, MI, Last)
√ 12 / 19 / 19 Date (Mo/Day/Yr)
√ Contact No. 09395788733
√ Date of Birth 06 / 15 / 85 (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)

[signature] PETER S. AZNAR, M.D., F.P.S.P.
Signature & Name of Head of Laboratory (First. MI, Last)

DEC 19 2019
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____ 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 ____
/ / OTHERS ____

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

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 (For Positive Sam_e)

IT

Report ID: DTO-R03

DEPART ENT OF HEALTH

MEDG PE POLYCLINICS AND DIAGNOSTIC CENTER, I

2L APM CENTRALE MALL, SORIANO AVENUE, MABOLO, CEBU CITY, CEBU

Phone Number 232-2273

## DRUG TEST REPORT

**RL951585**
**41**

CCF No: 201912190004
Name: ALBIA, JOANNA MARIE VERGARA
Birthdate: 06/15/1985 Age: 34 Gender: F

Transaction Date Time: 12/20/2019 7:21:00AM
Report Date Time: 12/20/2019 12:48:55PM

**Test Method** TEST KIT

**Purpose**
Private Employment

**Requesting Parties**
IPLOY

**Result**

| *Drug/Metabolite* | *Result* | *Remarks* |
|---|---|---|
| METHAMPHETAMINE | NEGATIVE | |
| TETRAHYDROCANNABINOL | NEGATIVE | |

**Test Conducted By**

**75** JEZEBEL C. CAPIROL-CURATIVO
**Analyst**

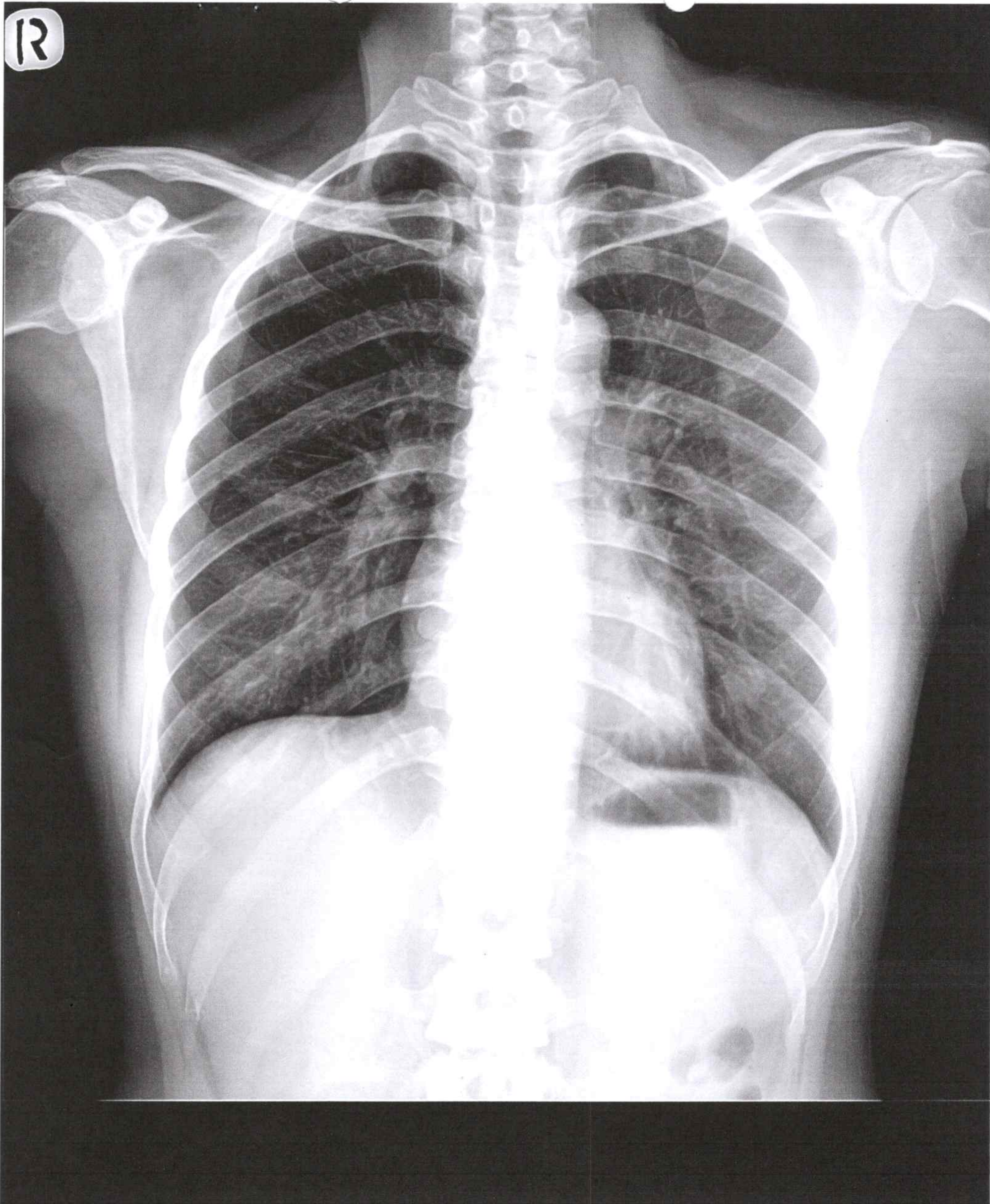
**Approved By**

DR. PETER SANSON AZNAR **27**
**Head of Laboratory**

***Valid Within 12 Month/s from Transaction Date***

***This is a DOH-DDB IDTOMIS generated report***

**PRIME CARE CEBU**




Patient ID: 19-21522 IPLOY
Patient Name: ALBIA,JOANNA MARIE
Study Date: 12/19/2019