Prime Care CEBU
IMMEDIATE MEDICAL & DENTAL CARE CENTER

MEDICAL EXAMINATION RECORD

Annual Physical Examination [ ] Pre-Employment [✓]

Last Name ANDAN First Name MARIA REGINA M.I D Date

Address STA CRUZ RONDA CEB Age 31 Civil Status SINGLE Sex FEMALE

Place of Birth MANDALUYONG METRO MANILA Date of Birth 07/09/1988 Insurance Provider

Occupation CSR Name of Company IPLOY INCORPORATED Tel./ Mobile no.

PHYSICAL EXAMINATION

Temp.: 35.3 °C PR: 74 bpm RR: 19 bpm BP: 110/80 mmHg Ht: 150 cm Wt: 58.1 kgs

Visual Acuity: Right Eye: 20/ 30 Left Eye: 20/ 70 BMI: 25.8 Underweight : ☐ Overweight: ☑

(with/ without eyeglasses) Normal weight: ☐ Obese: ☐

MEDICAL HISTORY

Past Medical History: (-) Asthma

Family History: Asthma, HBA, Kidney,

Previous Hospitalization: (-)

Menstrual History: 12 y.o Parity G0P0 LMP: Dec. 17, 2019 Contraceptive Use: None

☺ Regular mens. - 4 to 5 Days

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

LABORATORY	Normal	FINDINGS	Review of Systems	Normal	FINDINGS
Chest x-Ray	✓		ECG		
CBC	✓		Other Procedures		
Urinalysis	✓				
Fecalysis	✓				
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 Overweight
[ ] 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:

AMPARO T. FLORIDA, MD
License No. 33180

Patient's Signature | 1/31/2020 Date Examined | , M.D. Medical Examiner

License No.

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.: 176336 SO No.: 00783790

Name : ANDAN, MARIA REGINA DELOS SANTOS Age : 31 yrs. Date: 01/03/2020

Physician : Sex : FEMALE

Company : IPLOY INC., Patient Status:

Charge To: IPLOY INC.,

URINALYSIS

MACROSCOPIC:

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

MICROSCOPIC:

RBC / hpf	0-1
WBC / hpf	0-2
Epith. Cells / hpf	Few
Casts	
Mucus Threads	Rare
Bacteria	Few
Crystals	
Amorphous (Urates)	Rare
Amorphous (PO_4)	

MISCELLANEOUS:

Pregnancy Test	N/A

OTHERS:

NOTE:

LEDA BETH S. BETAGANSO, RMT
Medical Technologist
Lic. No. 0088325

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.: 178559 SO No.: 00783790

Name: ANDAN, MARIA REGINA DELOS SANTOS Age: 31 yrs. Date: 01/03/2020

Requested by: Sex: FEMALE

Patient Status: Company: IPLOY INC.,

Charge To: IPLOY INC.,

COMPLETE BLOOD COUNT

			Normal Values
( ) WBC	5,300	/mm^3	4,000-10,000 /mm^3
( ) RBC	4.18	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	13.00	gm%	F: 12-15gm% M: 14-17gm%
( ) Hematocrit	38.60	gm%	F: 38-48vol% M: 40-50vol%
Differential Count			
Neutrophils	58	%	45-65%
Lymphocytes	30	%	20-35%
Monocytes	7	%	2-9%
Eosinophils	5	%	0-6%
Basophils		%	0-2%
Platelet Count	393,000	/mm^3	150,000-450,000 /mm^3
Others			

HBsAg

Anti-HAV IgM

NOTE:

LEDA BETH S. BETAGANSO, RMT
Medical Technologist
Lic. No. 0088325

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

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Report ID: DTO-R03

RI960988
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DEPARTMENT OF HEALTH
I GRUPPE POLYCLINICS AND DIAGNOSTIC CENTER, INC.
2L APM CENTRALE MALL, SORIANO AVENUE, MABOLO, CEBU CITY, CEBU
Phone Number 232-2273

DRUG TEST REPORT

CCF No: 202001030014
Name: ANDAN, MARIA REGINA DELOS SANTOS
Birthdate: 07/09/1988 Age: 31 Gender: F

Transaction Date Time: 1/3/2020 3:53:00PM
Report Date Time: 1/3/2020 4:42:44PM

Test Method TEST KIT

Purpose
Private Employment

Requesting Parties
IPLOY

Result

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

Test Conducted By

25 JEZEBEL C. CARIROL-CURATIVO
Analyst

Approved By

DR. PETER SAMSON AZNAR 22
Head of Laboratory

Valid Within 12 Month/s from Transaction Date

This is a DOH-DDB IDTOMIS generated report

PRIME CARE CEBU

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 MARIA REGINA D. ANDAM √ B. Address: STA CRUZ PONDA CEBU √ C. Age: ____ √ D. Sex: ___
√ E. Employer Name and Address IBLOY INCORPORATED/7TH FLR. AYALA CENTER CEBU TOWER CEBU CITY CEBU
F. Type of Specimen:
√ Urine
/ / Blood
/ / Others(specify) _____
G. Reason for Test :
/ / Pre-employment / / Return to Duty / / Random / / Mandatory / / Follow-up / / Reasonable Suspicion/Cause / / Post Accident / / 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°Cand 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
_____ AM/PM 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)
___/___/___ 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 of Donor
√ Contact No._____
√ MARIA REGINA D. ANDAM (PRINT) Donor's Name (First, MI, Last)
√ 01/07/2020 Date (Mo/Day/Yr)
√ Date of Birth 07/09/1988 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: / / THC / / MET / / OTHERS _____ / / CHALLENGE / / FAILED TO CONFIRM – REASON_____

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

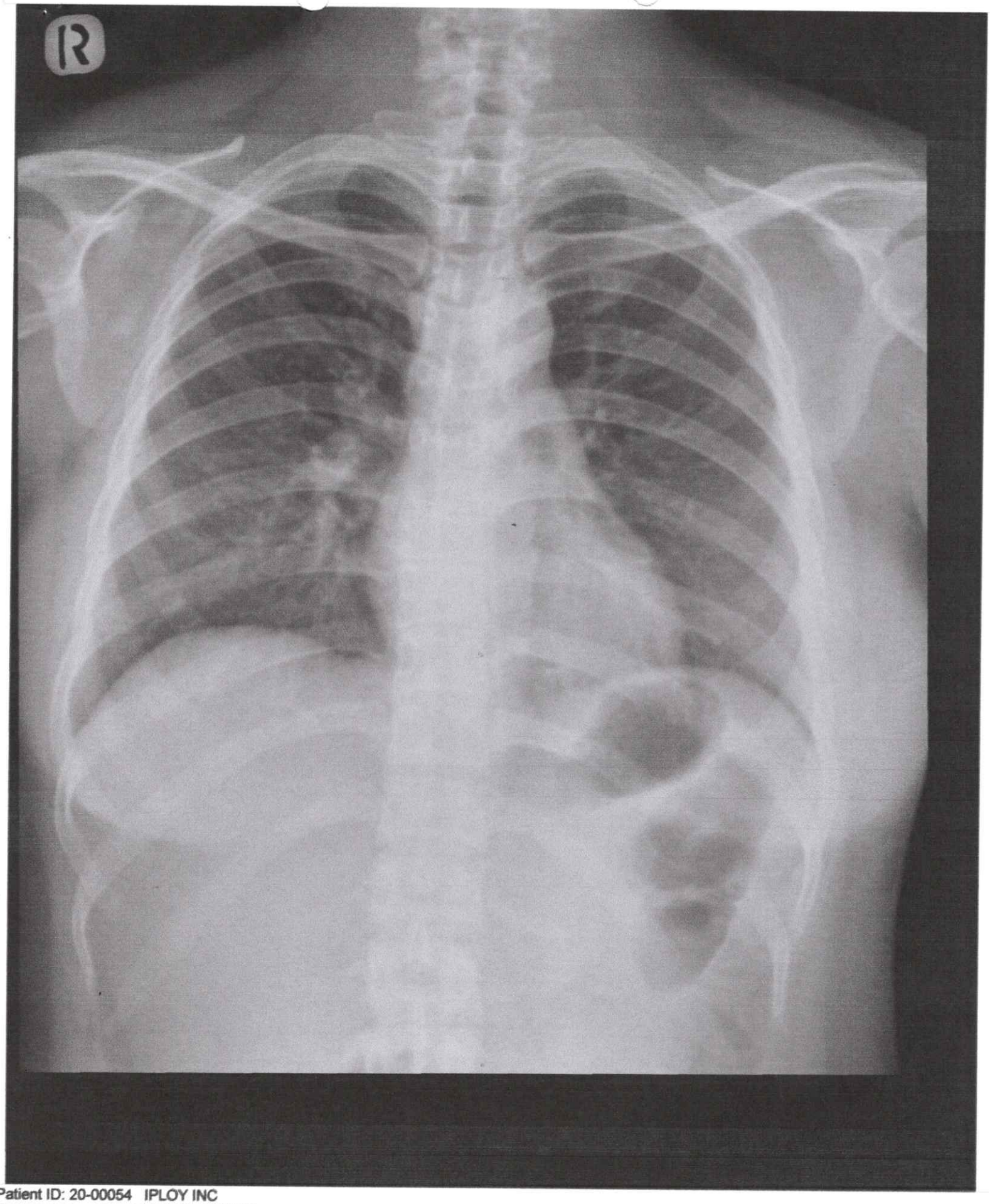
☐ STEP 8 : *TO BE COMPLETED BY NATIONAL REFERENCE LABORATORY (NRL*

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

/ / RECONFIRMED FOR: / / THC / / MET / / OTHERS _____ / / FAILED TO CONFIRM – REASON_____

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 Sample)



Patient ID: 20-00054 IPLOY INC
Patient Name: ANDAN,MARIA REGINA
Study Date: 01/03/2020

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

Patient Name:	ANDAN, MARIA REGINA DELOS SANTOS	X-Ray No./Case No.:	**20-00054**
Date of Birth:	9/ 7/1988 Age: 31 Sex: FEMALE	Date:	JAN 3,2020
Company:	IPLOY INC.,	Examination/Procedure:	CHEST PA
Referred by:		Service Order No.:	0000783790

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

Date printed: 1/ 4/2020