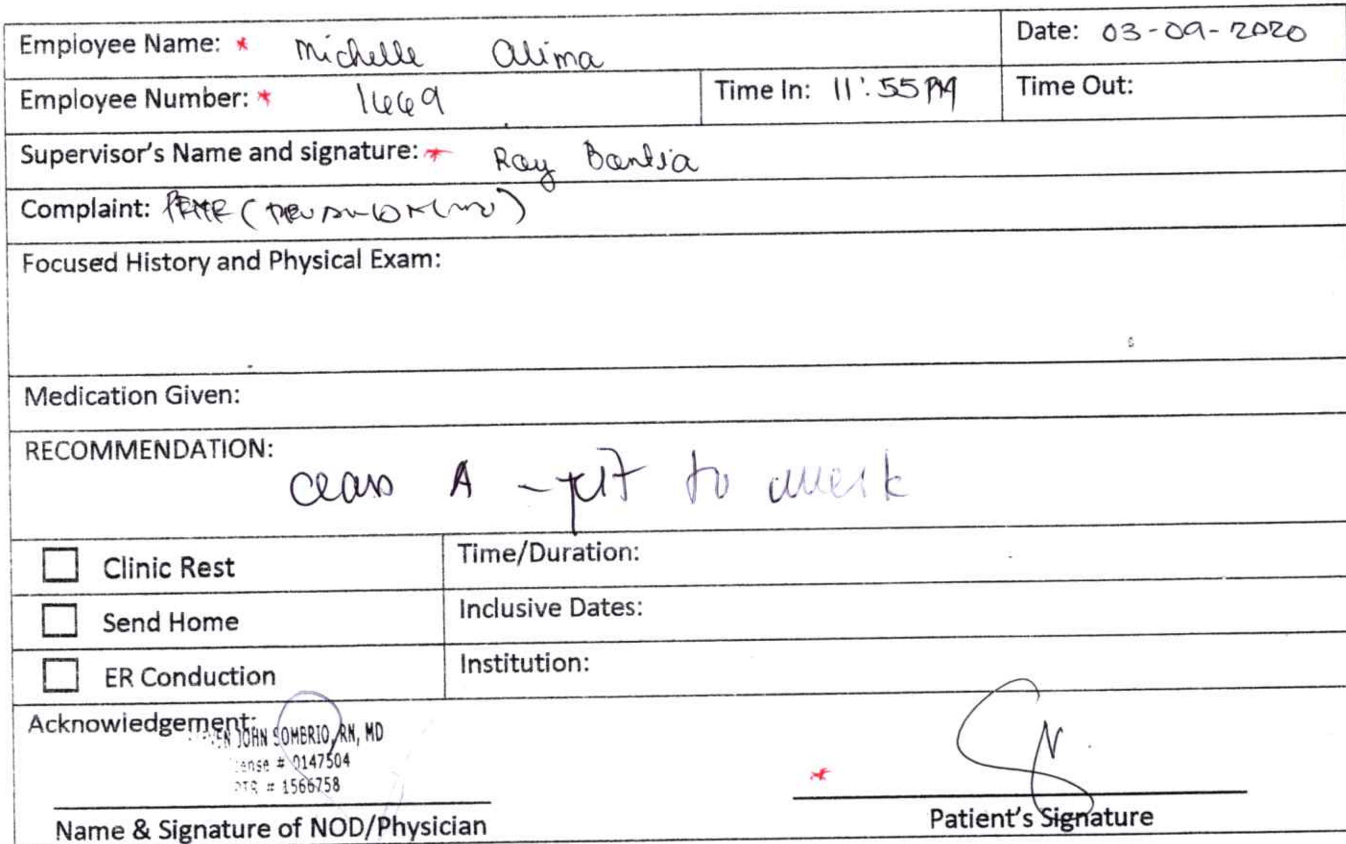


CLINIC SLIP

Employee Name: * Michelle Alima		Date: 03-09-2020
Employee Number: * 1669	Time In: 11:55 PM	Time Out:
Supervisor's Name and signature: * Ray Bantsia		
Complaint: [illegible]		
Focused History and Physical Exam:		
Medication Given:		
RECOMMENDATION: clear A - fit to work		

☐ Clinic Rest	Time/Duration:
☐ Send Home	Inclusive Dates:
☐ ER Conduction	Institution:

Acknowledgement:

...EN JOHN SOMERIO, RN, MD
License # 0147504
PTR # 1566758

Name & Signature of NOD/Physician

* Patient's Signature

W

Report ID: DTO-R03

QJ960797
47

DEPARTMENT OF HEALTH

MEDGR[illegible]E POLYCLINICS AND DIAGNOSTIC CENTER, INC.
2L APM CENTRALE MALL, SORIANO AVENUE, MABOLO, CEBU CITY, CEBU
Phone Number 232-2273

DRUG TEST REPORT

CCF No: 202001290002
Name: ALIMA, MICHELLE SABALLE
Birthdate: 07/07/1997 Age: 22 Gender: F

Transaction Date Time: 1/30/2020 6:56:00AM
Report Date Time: 1/30/2020 12:34:21PM

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 87
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 ______ √ B. Address: Labangon, Cebu City √ C. Age: 22 √ D. Sex: F
√ E. Employer Name and Address Iplay Staffing Solutions, 9F Ayala Center Cebu
F. Type of Specimen: G. Reason for Test:
/√/ Urine /√/ Pre-employment / / Random / / Reasonable Suspicion/Cause
/ / Blood / / Return to Duty / / Mandatory / / Post Accident
/ / Others(specify) ______ / / 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? / / 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] Signature of Donor √ Michelle Labalu Alima (PRINT) Donor's Name (First, MI, Last) √ 01 / 29 / 20 Date (Mo/Day/Yr)
√ Contact No. 09309438854 √ Date of Birth 07 / 07 / 97 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)
__/__/__ 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 Labora[...] or Positive Sample)

Prime Care CEBU
IMMEDIATE MEDICAL & DENTAL CARE CENTER

MEDICAL EXAMINATION RECORD

Annual Physical Examination [ ] Pre-Employment [✓]

Last Name ALIMA First Name MICHELLE M.I SABALLE Date 01-29-20

Address LABANGON, CEBU CITY Age 22 Civil Status SINGLE Sex FEMALE

Place of Birth CALOOCAN CITY Date of Birth 07-07-97 Insurance Provider

Occupation CSA Name of Company iPloy Tel./ Mobile no.

PHYSICAL EXAMINATION

Temp.: 36.2 °C PR: 89 bpm RR: 16 bpm BP: 110/80 mmHg Ht: 155 cm Wt: 48 kgs

Visual Acuity: Right Eye: 20/25 Left Eye: 20/25 (with/without eyeglasses) BMI: 20 Underweight: [ ] Overweight: [ ] Normal weight: [✓] Obese: [ ]

MEDICAL HISTORY

Past Medical History: (-)
Family History: BA
Previous Hospitalization: (-)
Menstrual History: Menarche: 13 y.o Parity G1P1 LMP: 1-05-2020 4 days, regular Contraceptive Use: None

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	✓		Reflexes		
Check / Breast	✓		BPE		
			Rectal		

LABORATORY	Normal	FINDINGS	Review of Systems	Normal	FINDINGS
Chest x-Ray	✓		ECG		
CBC	✓		Other Procedures		
Urinalysis		UTI			
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 3/9/2020
[✓] CLASS B Physically fit for all types of work
Has minor ailment/ defect. Easily curable or offers no handicap to applied.
[✓] Needs treatment/ correction UTI
[ ] 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 I. FLORIDA, MD
License No. 33180

Patient's Signature 1-29-2020 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.: 180509 SO No.: 00788450
Name: ALIMA, MICHELLE SABALLE Age: 22 yrs. Date: 01/29/2020
Requested by: Sex: FEMALE
Patient Status: Company: IPLOY INC.,
Charge To: IPLOY INC.,

COMPLETE BLOOD COUNT

Test	Result	Unit	Normal Values
( ) WBC	8,300	/mm³	4,000-10,000 /mm³
( ) RBC	5.44	x 10⁶ /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
( ) Hemoglobin	13.77	gm%	F: 12-15gm% M: 14-17gm%
( ) Hematocrit	41.30	gm%	F: 38-48vol% M: 40-50vol%
Differential Count			
Neutrophils	59	%	45-65%
Lymphocytes	35	%	20-35%
Monocytes	3	%	2-9%
Eosinophils	3	%	0-6%
Basophils		% --	0-2%
Platelet Count	403,000	/mm³	150,000-450,000 /mm³
Others			

HBsAg
Anti-HAV IgM

NOTE:

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

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

LABORATORY DEPARTMENT

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

No.: 178380 SO No.: 00788450
Name : ALIMA, MICHELLE SABALLE Age : 22 yrs. Date: 1/29/2020
Physician : Sex : FEMALE
Company : IPLOY INC.,
Charge To: IPLOY INC., Patient Status:

URINALYSIS

Test	Result
MACROSCOPIC:	
Color	Straw
Appearance	Slightly Hazy
pH	5.0
Specific Gravity	1.015
Glucose	Negative
Protein	Negative
MICROSCOPIC:	
RBC / hpf	0-2
WBC / hpf	8-10
Epith. Cells / hpf	Moderate
Casts	
Mucus Threads	Rare
Bacteria	Rare
Crystals	
Amorphous (Urates)	Rare
Amorphous (PO_4)	
MISCELLANEOUS:	
Pregnancy Test	N/A

OTHERS:

NOTE:

CHRISTIAN DEAN T. SORRONDA, RMT
Medical Technologist
Lic. No. 0087004

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

Name:	ALIMA, MICHELLE SABALLE			Date:	1/29/2020
X-ray No.	20-02613	Age:	22	Sex:	F
Examination	CHEST PA	COMPANY/ PHYSICIAN:			IPLOY

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. There is mild dextroscoliosis of the thoracic spine.

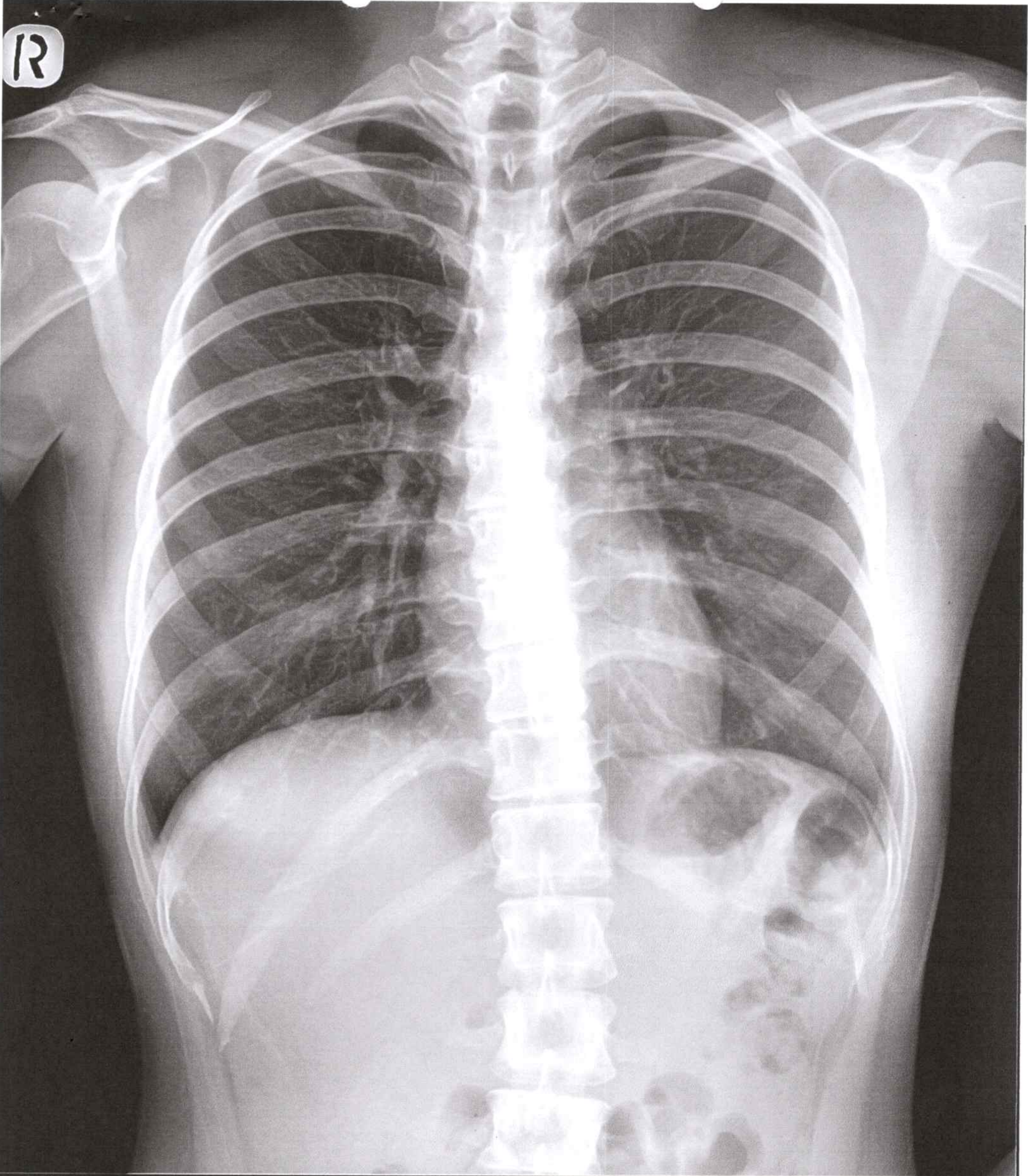
REMARKS:

> NORMAL HEART AND LUNGS.
> MILD DEXTROSCOLIOSIS OF THE THORACIC SPINE.

DARYL S. RAGASAJO
Encoder

KAREN SITACA-DIÑO, MD FPCR
Radiologist

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



Patient ID: 20-02613 IPLOY
Patient Name: ALIMA,MICHELLE
Study Date: 01/29/2020