

**MEDICAL EXAMINATION RECORD**

Annual Physical Examination

Pre-Employment

Last Name PDOA First Name KHIA MAY M.I. B. Date 01/24/2020  
 Address LAMPANON, CEBU CITY Age 26 Civil Status SINGLE Sex FEMALE  
 Place of Birth DACLOLOD CITY Date of Birth 05/10/1993 Insurance Provider \_\_\_\_\_  
 Occupation CSR Name of Company EPLOY Tel./ Mobile no. 0956-925-7133

**PHYSICAL EXAMINATION**

Temp.: 36.2 °C PR: 75 bpm RR: 19 bpm BP: 110/70 mmHg Ht: 160 cm Wt: 49.2 kgs  
 Visual Acuity: Right Eye: 20/25 Left Eye: 20/25 BMI: 21.8 Underweight:  Overweight:   
 (with/without eyeglasses) Normal weight:  Obese:

**MEDICAL HISTORY**

Past Medical History: (+) HPN CIPM Exanthema HPN smoke 1-2 sticks/day x 3 years  
 Family History: HPN Falkon  
 Previous Hospitalization: none  
 Menstrual History: 13 y.o. Parity G0P0 LMP: Jan. 23, 2020 Contraceptive Use: none  
 (7 days)

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

LABORATORY	Normal	FINDINGS	Review of Systems	Normal	FINDINGS
Chest x-Ray	<input checked="" type="checkbox"/>		EKG	<input checked="" type="checkbox"/>	
CBC	<input checked="" type="checkbox"/>		Other Procedures	<input checked="" type="checkbox"/>	
Urinalysis	<input checked="" type="checkbox"/>	<u>UTI</u>			
Fecalysis	<input checked="" type="checkbox"/>				
Drug Test	<input checked="" type="checkbox"/>				

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 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: \_\_\_\_\_

[Signature]  
Patient's Signature

01/24/2020  
Date Examined

[Signature]  
AMPAROT, FLORIDA, MD  
License No. 23100  
\_\_\_\_\_, M.D.  
Medical Examiner  
License No. \_\_\_\_\_



# Medgrupe Polyclinics & Diagnostic Center, Inc.

IMMEDIATE MEDICAL AND DENTAL CARE CENTER

2nd Level, APM Central, A. Soriano Jr. Ave., N.R.A.  
Mabolo, Cebu City, 6000 Philippines  
Tel Nos. (032) 232-2273 \* (032) 266-3246

## LABORATORY DEPARTMENT

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

No.: 180040 SO No.: 00787598  
 Name: PODA, RHIA MAY BEBOSO Age: 26 yrs. Date: 01/24/2020  
 Requested by: \_\_\_\_\_ Sex: FEMALE  
 Patient Status: \_\_\_\_\_ Company: IPLOY INC.,  
 Charge To: IPLOY INC.,


## COMPLETE BLOOD COUNT

			Normal Values
( ) WBC	<u>5,400</u> /mm <sup>3</sup>		4,000-10,000 /mm <sup>3</sup>
( ) RBC	<u>4.82</u> x 10 <sup>6</sup> /mm <sup>3</sup>		<b>Adult</b> F: 4.2 - 5.4 X 10 <sup>6</sup> /mm <sup>3</sup> M: 4.7 - 6.10 X 10 <sup>6</sup> /mm <sup>3</sup>
			<b>Pedia</b> F: 4.0 - 5.1 X 10 <sup>6</sup> /mm <sup>3</sup> M: 4.0 - 5.3 x 10 <sup>6</sup> /mm <sup>3</sup>
( ) Hemoglobin	<u>13.40</u> gm%		F: 12-15gm% M: 14-17gm%
( ) Hematocrit	<u>37.10</u> gm% *		F: 38-48vol% M: 40-50vol%
<b>Differential Count</b>			
Neutrophils	<u>69</u> % *		45-65%
Lymphocytes	<u>24</u> %		20-35%
Monocytes	<u>7</u> %		2-9%
Eosinophils	_____ % --		0-6%
Basophils	_____ % --		0-2%
Platelet Count	<u>246,000</u> /mm <sup>3</sup>		150,000-450,000 /mm <sup>3</sup>
Others	_____		

HBsAg \_\_\_\_\_  
 Anti-HAV IgM \_\_\_\_\_

NOTE

  
 REX YNAN G. PATALINGHUG, RMT  
 Medical Technologist  
 Lid No. 0095484

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



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Mabola, Cebu City, 6000 Philippines  
Tel Nos. (032) 232-2273 \* (032) 266-3245

## LABORATORY DEPARTMENT

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

No.: 177773

SO No.: 00787598

Name : PODA, RHIA MAY BEBOSO

Age : 26 yrs.

Date: 1/24/2020

Physician : \_\_\_\_\_

Sex : FEMALE

Company : IPLOY INC.,

Patient Status: \_\_\_\_\_

Charge To: IPLOY INC.,

## URINALYSIS

### MACROSCOPIC:

Color	<u>Yellow</u>
Appearance	<u>Hazy</u>
pH	<u>6.0</u>
Specific Gravity	<u>1.015</u>
Glucose	<u>Negative</u>
Protein	<u>Negative</u>

### MICROSCOPIC:

RBC / hpf	<u>0-1</u>
WBC / hpf	<u>7-15</u>
Epith. Cells / hpf	<u>Few</u>
Casts	_____
Mucus Threads	<u>Rare</u>
Bacteria	<u>Moderate</u>
Crystals	_____
Amorphous (Urates)	<u>Few</u>
Amorphous (PO <sub>4</sub> )	_____


### MISCELLANEOUS:

Pregnancy Test	<u>N/A</u>
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### OTHERS:

### NOTE:

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

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



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Name: PODA, RHIA MAY BEBOSI Date: 1/24/2020  
X-ray No. 20-02138 Age: 26 Sex: F  
Examination CHEST PA COMPANY/ PHYSICIAN: IPLOY, INC.

## 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.



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

QN941093  
37

CCF No: 202001240062  
Name: PODA, RHIA MAY BEBOSO  
Birthdate: 05/10/1993 Age: 26 Gender: F

Transaction Date Time: 1/25/2020 8:58:00AM  
Report Date Time: 1/25/2020 2:58:49PM

Test Method TEST KIT

Purpose  
Private Employment

Requesting Parties  
IPLOY

Result

Drug/Metabolite	Result	Remarks
METHAMPHETAMINE	NEGATIVE	
TETRAHYDROCANNABINOL	NEGATIVE	

Test Conducted By

Approved By

64 JEZEBEL C. CAPIROL-CURATIVO

DR. PETER SANSON AZNAR 86

Analyst

Head of Laboratory

Valid Within 12 Month/s from Transaction Date

This is a DOH-DDB IDTOMIS generated report

PRIME CARE CEBU