

Prime Care CLU

IMMEDIATE MEDICAL & DENTAL CARE CENTER

MEDICAL EXAMINATION RECORD

Annual Physical Examination

Pre-Employment

Last Name ABELLANDSA First Name WILBURN IVERSON MI C Date 02/10/2020
 Address LILUAN JAMBAB, CEBU Age 18 Civil Status SINGLE Sex MALE
 Place of Birth TOLEDO CEBU Date of Birth 09/04/2001 Insurance Provider _____
 Occupation EMPLOYED Name of Company idloy staffing solutions / Mobile no. 09234615510

PHYSICAL EXAMINATION

Temp.: 36.5 °C PR: 94 bpm RR: 18 bpm BP: 120/80 mmHg Ht: 166 cm Wt: 59 kgs
 Visual Acuity: Right Eye: 20/25 Left Eye: 20/25 BMI: 21.45 Underweight: Overweight:
 (with/without eyeglasses) Normal weight: Obese:

MEDICAL HISTORY

Past Medical History: _____
 Family History: _____
 Previous Hospitalization: None
 Menstrual History: y.o Parity _____ LMP: _____ Contraceptive Use: _____

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"/>				
Fecalalysis	<input checked="" type="checkbox"/>				
Drug Test	<u>NA</u>				

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

2-10-2020
Date Examined

[Signature] M.D.
Medical Examiner
License No. [Signature]



Medgrupp Polyclinics & Diagnostic Center, Inc.

IMMEDIATE MEDICAL AND DENTAL CARE CENTER
2nd Level, APM Center, A. Santos Jr. Ave. N.R.A.
Manila, City, 6000 Philippines
Tel Nos. (02) 232-2273 • (02) 266-3246

LABORATORY DEPARTMENT

No.: 179031 License TO OPERATE No.: 07-065-17-AS-2 SO No.: 00790555

Name: ABELLANOSA, WILBURN IVERSON CANETE Age: 18 yrs. Date: 02/11/2020

Physician: PLOY INC., Patient Status: Sex: MALE

Company: PLOY INC., Charge To: PLOY INC.,

URINALYSIS

MACROSCOPIC:

Color	Yellow
Appearance	Clear
pH	6.5
Specific Gravity	1.010
Glucose	Negative
Protein	Negative

MICROSCOPIC:

RBC / hpf	0-1
WBC / hpf	0-2
Epith. Cells / hpf	Rare
Casts	
Mucus Threads	Rare
Bacteria	Rare
Crystals	
Amorphous (Urates)	Rare
Amorphous (PO ₄)	
MISCELLANEOUS:	
Pregnancy Test	N/A

OTHERS:

NOTE:

[Signature]
CHERRY FAYE D. PEÑA, RMT
Medical Technologist
Lic. No. 00520283

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



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LABORATORY DEPARTMENT

No.: 181352 License TO OPERATE No.: 07-065-17-AS-2 SO No.: 00790555

Name: ABELLANOSA, WILBURN IVERSON CANETE Age: 18 yrs. Date: 02/11/2020

Requested by: Company: IPLOY INC., Patient Status: Sex: MALE

Company: IPLOY INC., Charge To: IPLOY INC.,

COMPLETE BLOOD COUNT

() WBC	6.200	/mm ³	4,000-10,000 /mm ³
() RBC	6.23	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

Pedla
F: 4.0 - 5.1 X 10⁶ /mm³
M: 4.0 - 5.3 x 10⁶ /mm³

() Hemoglobin	16.70	gm%	F: 12-15gm% M: 14-17gm%
() Hematocrit	45.70	gm%	F: 38-48vol% M: 40-50vol%

Differential Count

Neutrophils	69	%	45-65%
Lymphocytes	24	%	20-35%
Monocytes	5	%	2-9%
Eosinophils	2	%	0-6%
Basophils		%	0-2%
Platelet Count	191,000	/mm ³	150,000-450,000 /mm ³
Others			

HBSag
Anti-HAV Igm

NOTE:

[Signature]
REX YVAN G. PATAHINGHUG, RMT
Medical Technologist
Lic. No. 0095484

[Signature]
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

www.Medgruppe.Com

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

Patient Name:	ABELLANOSA, WILBURN IVERSON CAÑETE	X-Ray No./Case No.:	20-03649
Date of Birth:	3/ 4/2001 Age: 18 Sex: MALE	Date:	FEB 10,2020
Company:	IPLOY INC.,	Examination/Procedure:	CHEST PA
Referred by:	IPLOY INC.,	Service Order No.:	0000790555

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-DING, MD FPCR PRC#0100318
Radiologist



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

Phone Number 232-2273

DRUG TEST REPORT

PP920401
94

CCF No: 202002100038
Name: ABELLANOSA, WILBURN IVERSON CAÑETE
Birthdate: 03/04/2001 Age: 18 Gender: M

Transaction Date Time: 2/11/2020 7:52:00AM
Report Date Time: 2/11/2020 11:42:51AM

Test Method TEST KIT

Purpose
Private Employment

Requesting Parties
IPLOY STAFFING SOLUTIONS

Result

Drug/Metabolite	Result	Remarks
METHAMPHETAMINE	NEGATIVE	
TETRAHYDROCANNABINOL	NEGATIVE	

Test Conducted By

Approved By

60 JEZEBEL C. CAPIROL-CURATIVO

DR. PETER SANSON AZNAR 56

Analyst

Head of Laboratory

Valid Within 12 Month/s from Transaction Date

This is a DOH-DDB IDTOMIS generated report

PRIME CARE CEBU



Prime CARE
C E B U

MEDGRUPPE POLYCLINICS AND DIAGNOSTIC CENTER, INC.
2nd Floor, APM Centre Mall, Sofiano Ave., NRA, Bigy. 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 <u>WILBURN IVERTON C. ABELLANIDA</u>		B. Address: <u>LIGDAN CEBU CITY</u>		✓ C. Age: <u>19</u>	✓ D. Sex: <u>M</u>
✓ E. Employer Name and Address: <u>PILOY HATING TALARON / AYALA CENTER CEBU TOWER</u>					
F. Type of Specimen:					
<input checked="" type="checkbox"/> Urine		<input checked="" type="checkbox"/> Pre-employment		<input checked="" type="checkbox"/> Random	
<input type="checkbox"/> Blood		<input type="checkbox"/> Return to Duty		<input type="checkbox"/> Reasonable Suspicion/Cause	
<input type="checkbox"/> Others (specify) _____		<input type="checkbox"/> Follow-up		<input type="checkbox"/> Post Accident	
H. Drug Tests to be Performed: <input type="checkbox"/> THC, COC, PCP, OPI, AMP		<input checked="" type="checkbox"/> THC & MET Only		<input type="checkbox"/> 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 type="checkbox"/> Observed <input type="checkbox"/> Unobserved Specimen Sampling: <input type="checkbox"/> Single <input type="checkbox"/> 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	SPECIMEN BOTTLE(S) RELEASED TO: _____ Name of Delivery Service Transferring Specimen to Lab.
(PRINT) Collector's Name (First, MI, Last)	_____/_____/_____ Date (Mo/Day/Yr)	
X _____ Signature of Accessioner	_____ AM/PM Time of Collection	SPECIMEN BOTTLE(S) RELEASED TO: _____ Name of Delivery Service Transferring Specimen to Lab.
(PRINT) Accessioner's Name (First, MI, Last)	_____/_____/_____ Date (Mo/Day/Yr)	
STATUS OF THE SPECIMEN		SPECIMEN BOTTLE(S) RELEASED TO: _____ Name of Delivery Service Transferring Specimen to Lab.
<input checked="" type="checkbox"/> (a) Seal Intact <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> (b) Transport Device <input type="checkbox"/> (c) Description _____		
Signature & Printed Name of Receiving Person		Signature & Printed Name of Receiving Person
Date (Mo/Day/Yr)		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 the information provided on this form and on the sealed bottle is correct.

✓ WILBURN IVERTON C. ABELLANIDA
Signature of Donor (PRINT) Donor's Name (First, MI, Last)

✓ 02/10/2020
Date (Mo/Day/Yr)

✓ Contact No. 09294615550 ✓ Date of Birth 05/04/2001
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 _____
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:

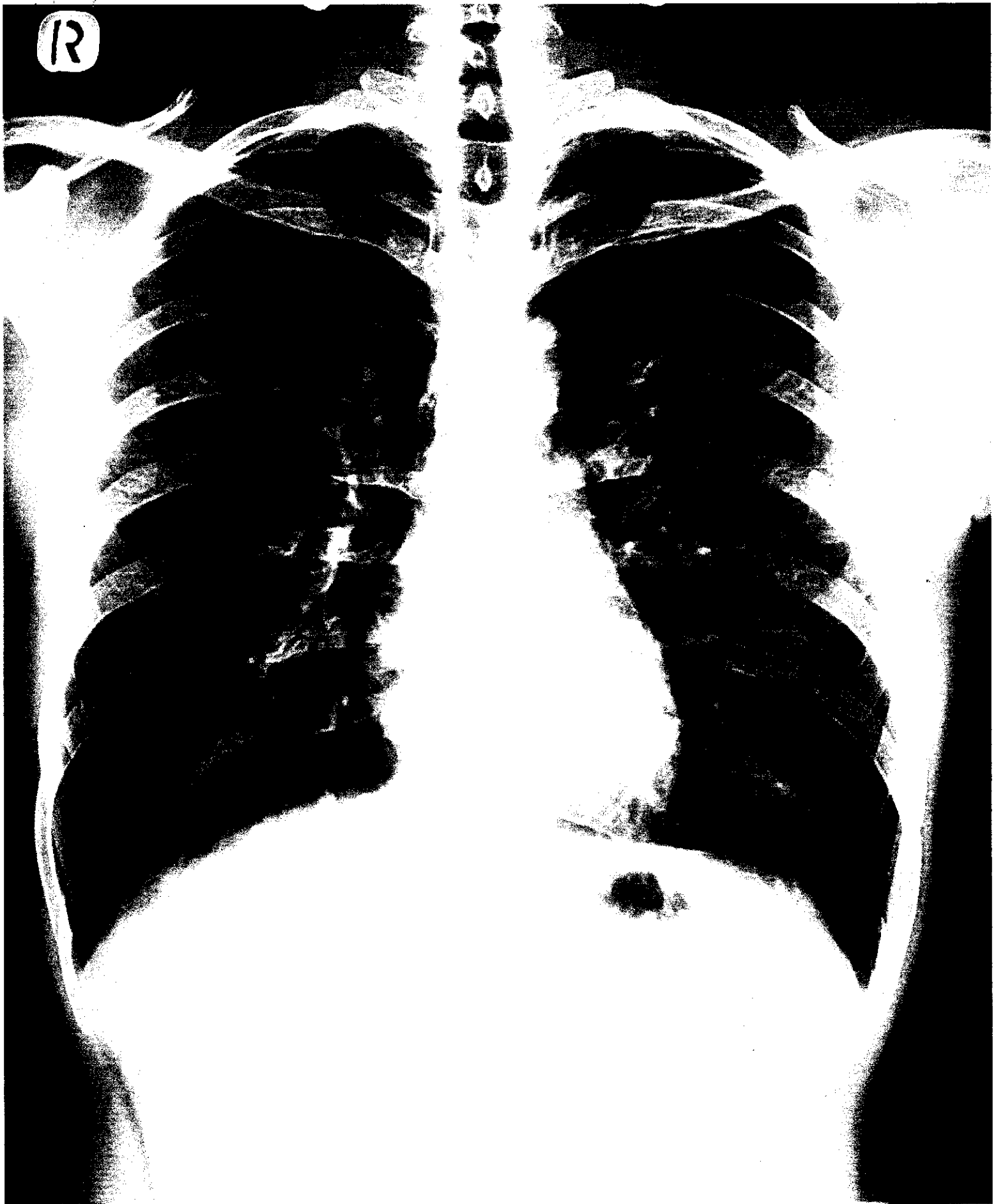
RECONFIRMED FOR: THC MET FAILED TO CONFIRM - REASON _____
 OTHERS _____

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 Sample)



Patient ID: 20-03649 IPLOY
Patient Name: ABELLANOSA, WILBURN IVERSON
Study Date: 02/10/2020