

MEDICAL EXAMINATION RECORD

	Annua	i Physical Exan	nination[]	Pre-Emplo	oyment []	
Last Name	ALBERCA	h Fin	rst Name UEYA	MARI M.I D.	Date	03/03/20
Address SAA	CIIN	ACTAN LICAS	ge 2	Civil Status Sing)	€ Sex	F
Place of Birth	ARUA	Da Da	te of Birth 03/05	1998 Insurance Provider		1
Occupation	CSR	Na	me of Company			771671505
25 /	/	00	PHYSICAL EXAM	INATION 90/60 mmHg	140	Fc.
Temp.: 35.60		87 ppm	RR:bpm	BP: 90/60 mmHg	Ht: 153 cm	Wt: 46.5 kgs
Visual Acuity:	Right E	Eye: 20/20	Left Eye: 20/2	BMI: 19-87 Under	weight: \square	Overweight:
		(w	ith/without eyeglasse		l weight:	Obese:
			MEDICAL HIS	TORY	W1	
Past Medical Hi		(-/lu	a C/m	a cu ell	WW	
Family History:			0-1			
Previous Hospi	talizatio	n:	C (¥
Menstrual Histo			Parity G.f.	LMP: 2-15-2020 COI	ntraceptive Use	: Nome
Review of Syst	ems	Normal	FINDINGS	Review of Systems	Normal	FINDINGS
Head & Scalp				Lungs	/	
Eyes & Ears		/		Heart		
Skin / Allergy		1	de 1770 lu	Abdomen		
Nose & Sinuses		1	7 - 7 - 7	Genitals	1/	
Mouth / Teeth	I / Tongi	ie /		Extremities		
Neck / Nodes		1		Reflexes		
Check / Breast			age a super	BPE		
				Rectal		
LABORAT	ΓORY	Normal	FINDINGS	Review of Systems	Normal	FINDINGS
Chest x-Ray				ECG		THOMAS
CBC		1		Other Procedures	NA	
Urinalysis		1				
Fecalysis		NA				
Drug Test						
I certify that I hav	ve examir	ned and found	the employee to be ph	ysically [] fit [] Unfit for emp	loyment.	7
	[1]	CLASS A	Physically fit for all ty	pes of work		
	[]	CLASS B	Physically fit for all ty	pes of work		
			Has minor ailment/ d	efect. Easily curable or offers n	o handicap to	applied.
			[] Needs treatment/	correction		
	r 1	C1 4 CC C	[] Treatment option			
	[]	CLASS C	Physically fit for less s	strenous type of work. Has min	or ailments/de	efects.
				rs no handicap to job applied.		
ě			[] Needs treatment/[] Treatment option			
	[]	CLASS D		sk and discretion of the manag	omont	
			Unfit for employment		ement	
			For further evaluation			
Remarks:	/					
Kelliai KS.	1		<i>a</i> .			yur
Dmi	MA		_ 3-3-2	021	mund	Rames, M.D.
Patient's	Signatur	·e	Date Exa			cal Examiner
	1 10			Lice	ense No.	Dolly



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, 5000 Philippines Tel Nos. (032) 232-2273 * (032) 256-3245

No.:

180365

Name: ALBERCA, JEYA MARI DONLAY

Age: 21 yrs.

Date: 03/03/2020 Sex: FEMALE

LABORATORY DEPARTMENT License TO OPERATE No.: 07-065-17-AS-2 SO No.: 00793850

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		tus:

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

Physician:

CHRISTIME GAYLE P. MAYOL, RMT	NOTE:	OTHERS:	Pregnancy Test	Amorphous (PO ₄)	Amorphous (Urates)	Crystals	Bacteria	Mucus Threads	Casts	Epith. Cells / hpf	WBC / hpf	RBC / hpf	MICROSCOPIC:	Protein	Glucose	Specific Gravity	ΡΗ	Appearance	Color	MACROSCOPIC:
PETER S. AZNAR, M.D., F.P.S.P.			N/A		Rare		Rare	Rare		Few	0-1	0-1		Negative	Negative	1.005	6.0	Clear	Straw	

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LABORATORY DEPARTMENT

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

Others	Platelet Count	Basophils	Eosinophils	Monocytes	Lymphocytes	Neutrophils	Differential Count	() Hematocrit	() Hemoglobin				() RBC	() WBC		CON		Patient Status:	Requested by:	Name: ALBERCA, JEYA MARI DONLAY	No.: 182718
	220,000		2	ω	37	58		38.30	12.76				4.25	4,900		COMPLETE BLOOD COUNT	•	0		MARI DONLAY	
	/mm ³	% -	%	%	%	%		gm%	gm%			3	4.25 × 10 ⁶ /mm ³	/mm ³ *		.00D CO	Charge To: IPLOY INC.,	Company: IP		ъ	
	150,000-450,000 /mm ³	0-2%	0-6%	2-9%	20-35%	45-65%		F: 38-48vol% M: 40-50vol%	F: 12-15gm% M: 14-17gm%	Pedia F: 4.0 - 5.1 × 10 ⁶ / mm ³ M: 4.0 - 5.3 × 10 ⁶ /mm ³	M: 4.7 - 6.10 × 10 ⁶ / mm ³	F: 4.2 - 5.4 × 10 ⁶ / mm ³	Adult	4,000-10,000 /mm ³	Normal Values	UNT	LOY INC.,	IPLOY INC.,	Sex: FEMALE	Age: 21 yrs. Date: 03/03/2020	SO No.: 00793850

Medical Technologist	DA BETH S. BETAGA	NOTE	Anti-HAV IgM
gist	BETAGANSO, RMT		

HBsAg

E Lic. No. 0088325

Medical Technologist

Pathologist PRC #72410

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



DEPARTMENT OF HEALTH PPE POLYGLINICS AND DIAGNOSTIC CENTER, IN 2L APM CENTRALE MALL, SORIANO AVENUE, MABOLO, CEBU CITY, CEBU

Phone Number 232-2273

DRUG TEST REPORT

QI920598

CCF No:

202003030003

Name:

ALBERCA, JEYA MARI DONALY

Birthdate:

03/05/1998

Age: 21

Gender: F

Transaction Date Time: 3/4/2020 6:57:00AM

Report Date Time:

3/4/2020 9:53:57AM

Test Method

TEST KIT

Purpose

Private Employment

Requesting Parties

IPLOY STAFFING SOLUTIONS

Result

Drug/Metabolite	Result	Remarks	
METHAMPHETAMINE	NEGATIVE		
TETRAHYDROCANNABINOL	NEGATIVE		

Test Conducted By

JEZEBEL C. CAPIROL-CURATIVO

Approved By

SON AZNAR

96

Analyst

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

STEP TOOMPETER BY SEEE OF ON EACH ESTERNAL MEETINGS
V.A. Client's/Donor's/Subject's Name AUSTROA 1 JEYX MARY B. Address: SAAC II MACTAN UC v.C. Age: 21 v.D. Sex: F V.E. Employer Name and Address : Ploy Staffing Southord F. Type of Specimen: G. Reason for Test:
// Urine // Pre-employment / / Random / / Reasonable Suspicion/Cause // Blood // Return to Duty / / Mandatory / / Post Accident // Others(specify) // Others(specify) // THC, COC, PCP, OPI, AMP // THC & MET Only // Others (specify) // Others (spec
n. Drug Tests to be Performed. 17 Thou, 656, For , Ort, Alm 177 Thou state 1 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 Other Observation (Enter Remark) Specimen Sampling: / / Single / / Split Specimen Volume: ml. Physical Appearance: Color:
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.
XAM/PM SPECIMEN BOTTLE(S) RELEASED TO:
(PRINT) Collector's Name (first, MI, Last) Date (Mo/Day/Yr) Name of Delivery Service Transferring Specimen to Lab.
RECEIVED AT LAB: STATUS OF THE SPECIMEN SPECIMEN BOTTLE(S) RELEASED TO:
X (a) Seal Intact / / Yes / / No Signature of Accessioner (b) Transport Device
(c) Description Signature & Printed Name of Receiving Person
(PRINT) Accessioner's Name (First, MI, Last) 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 that the information provided on this form and on the affixed bottle is correct. Signature of Donor Signature of Donor Signature of Donor Obj Obj
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 & 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
X
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
X

Form DT – 002A - Copy for the Donor
 Form DT – 002B - Copy for the Collection Site
 Form DT – 002C - Copy for the Laboratory
 Form DT – 002D - Copy for the Confirmatory Lat



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

ALBERCA, JEYA MARI DONLAY Patient Name: X-Ray No./Case No.: 20-05259 Date of Birth: 3/5/1998 21 Sex: FEMALE Date: MAR 3,2020 IPLOY INC., Examination/Procedure: CHEST PA Company: Referred by: IPLOY INC., Service Order No.: 0000793850

X-RAY REPORT

FINDINGS:

Both lung fields are essentially clear. The heart is normal in size, shape and position. The trachea is in the midline. Both hemidiaphragm and lateral recesses are sharp and distinct. The osseous thoracic cage reveals no significant bony abnormality.

REMARKS:

Date printed: 3/3/2020

NO SIGNIFICANT CARDIOPULMONARY FINDINGS.

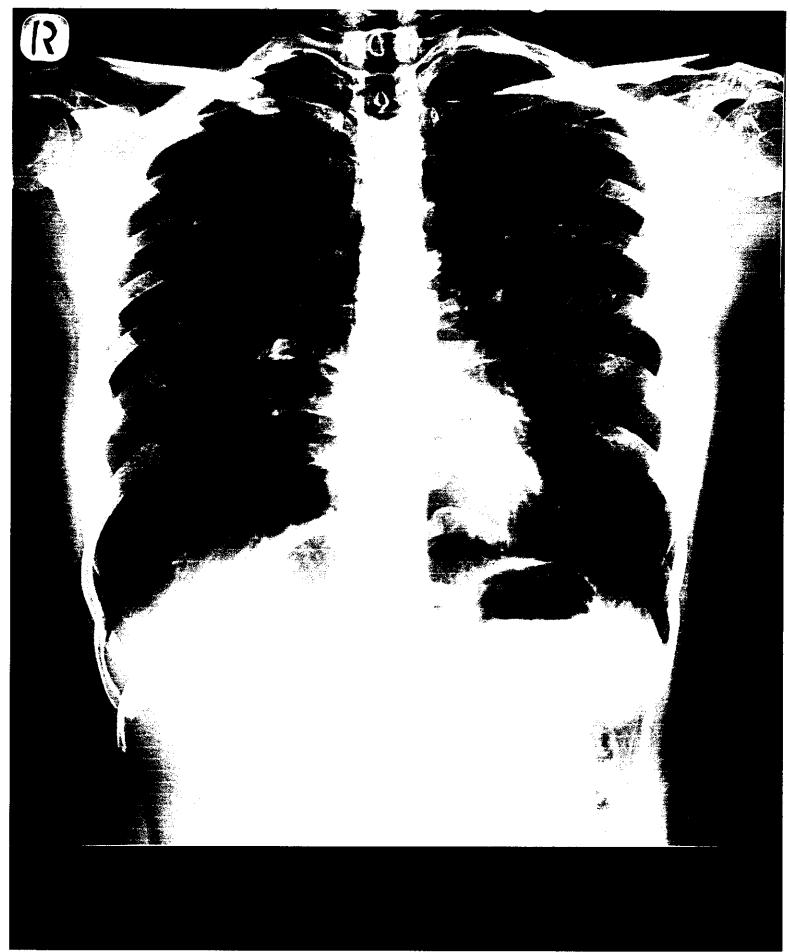
Finding is based on radiographic interpretation. Clinical correlation is suggested.

PATRICK IAN DUMALAGAN

Encoder

FRANCO ALEJANDRO-SORIANO, MD FPCR

Radiologist



Patient ID: 20-05259 IPLOY Patient Name: ALBERCA, JEYA MARI Study Date: 03/03/2020