



REPUBLIC OF THE PHILIPPINES | CITY OF MANDAUE
MANDAUE CITY SPORTS OFFICE

Mandaue City Cultural and Sports Complex, A. Soriano Ave, Mandaue, 6014 Cebu

September 03, 2025

HON. THADEO JOVITO M. OUANO
City Mayor
Mandaue City

THRU:

ATTY. GONZALO D. MALIG-ON JR.
City Administrator

MR. DAMASO G. TUMULAK
Department Head, HRMO

ENGR. KRISTER CORREGIDOR K. COSEDO
Department Head, MISO

ATTY. SARAH LIZA A. ABELLA
Officer in Charge-Head, City Legal Office

SUBJECT: Request for Consideration on Early Time-Out Due to Medical Condition

Dear Mayor Ouano,

Good day!

I respectfully submit this request for consideration regarding my current medical condition, as certified by the **City Health Office** (please see attached medical certificate). My health requires proper rest and early medication intake before bedtime, as advised by my attending physician.

In view of this, I may kindly request approval to time out from work at **4:00 p.m.** daily, to help avoid prolonged exposure to stress and traffic, and to allow me to comply with my prescribed medical routine. Rest assured that I remain fully committed to report to the office on or before **8:00 a.m.** every day and to fulfill my duties and responsibilities within adjusted working hours.

I sincerely hope for your understanding and favorable consideration of this request, as it is primarily for the preservation of my health and continued productivity in service to the City of Mandaue.

Thank you very much for your kind attention and support.

Respectfully yours,

JOSHUA M. CORTES
Administrative Aide III

Noted by:

MARY JOY TABAL-JIMENEZ OLY, DPA
OIC | Sports Development Officer IV
Mandaue City Sports Office






MEDICAL CERTIFICATE

TO WHOM IT MAY CONCERN:

This is to certify that as per medical certificate hereto attached from Dr. SAULGA, MARIANNE SIA, Mr/Ms CORTES, JOSHUA MALAZARTE of TIPOLO, MANDAUE CITY has been treated because of CEREBROVASCULAR DISEASE HEMORRHAGE, HYPERTENSIVE, LEFT BASAL GANGLIA; HYPERTENSIVE CARDIOVASCULAR DISEASE; SEBORRHEIC DERMATITIS on June 30, 2017.

This certification is issued upon the request of CORTES, JOSHUA MALAZARTE for his **FIT TO WORK WITH LIMITATIONS.**

Issued this 2nd day of September, 2025, Mandaue City, Cebu, Philippines.


ARMANDON N. CERNIZA JR., MD, CFP
Medical Officer IV
License No. 80153

Paid Under O.R. No. 11048618
September 2, 2025, Mandaue City, Cebu,
Philippines.





CHONG HUA HOSPITAL MANDAUE

Mantawi International Road, North Reclamation Area, Mandaue City, Cebu
Tel. No. +63 (32) 233-8000 : Fax No. +63 (32) 239-6125
Website : www.chonghua.com.ph : E-mail : info@chonghua.com.ph

DISCHARGE SUMMARY
CLINICAL ABSTRACT

Form ACC-HOS-004 Ver02

PATIENT DETAILS:

PATIENT'S NAME:	CORTES, JOSHUA MALAZARTE	PATIENT NO:	09002251662-5
BIRTHDATE:	January 16, 1979	AGE:	38
BIRTHPLACE:	CEBU CITY	CITIZENSHIP:	FILIPINO
CONTACT NO. (RESIDENCE):	4225578	CIVIL STATUS:	SINGLE
CITY ADDRESS:	12A MT. MANUNGAL ST. SINGSON VILL. MANDAUE CITY.	(MOBILE):	
PROVINCIAL ADDRESS:			

ADMISSION DETAILS:	Date admitted:	June 30, 2017	Department:	MED
DISCHARGE DETAILS:	Date Discharged:		Room Number:	B-619

ATTENDING PHYSICIAN	Consultant(s)-in-charge during admission
Name:	SAJULGA, MARIANNE STA. M.D.
Address:	ZONE 2 486 BELLEZA COMPOUND DUMLOG, TALISAY CITY
Phone:	(032)

PLS. FILL UP DETAILS IF FOR FF-UP W/ ANOTHER PHYSICIAN:

Name:	
Address:	
Phone:	

DISCHARGE DIAGNOSES and CO-MORBIDITIES (Please enumerate):

CEREBROVASCULAR DISEASE HEMORRHAGE, HYPERTENSIVE, LEFT BASAL GANGLIA
HYPERTENSIVE CARDIOVASCULAR DISEASE
SEBORRHEIC DERMATITIS

REVIEW OF CASE (Include a narrative reason for admission, significant PE, course in ward, significant procedure, medication and other treatment provided)

REASON FOR ADMISSION:
RIGHT SIDED WEAKNESS

MEDICAL HISTORY: (HPI/Significant Past History)

APPROXIMATELY 11/2 HOURS PTA, PATIENT WAS NOTED TO HAVE SUDDEN ONSET OF RIGHT SIDED WEAKNESS WITH SLURRING OF SPEECH. BP TAKEN REVEALED 220/120 AND WAS THEN BROUGHT IN AT OUR INSTITUTION FOR CONSULT AND WAS ADVISED ADMISSION.

ALLERGIES: Food EGG, CHICKEN, CRUSTACEANS Drugs NONE Others

SIGNIFICANT PHYSICAL EXAM:

GENERAL SURVEY: AWAKE, ALERT, COHERENT, NOT IN RESPIRATORY DISTRESS

SKIN: NO PALLOR, GOOD TURGOR AND MOBILITY

HEENT: ANICTERIC SCLERAE, PINK PALPERBRAL CONJUNCTIVAE, NO NASAL FLARING, PINK LIPS, MOIST TONGUE, NO TONSILLOPHARYNGEAL CONGESTION

CHEST/LUNGS: EQUAL CHEST EXPANSION, EQUAL TACTILE FREMITUS, CLEAR BREATH SOUNDS

CARDIOVASCULAR: ADYNAMIC PRECORDIUM, DISTINCT HEART SOUNDS, NORMAL RATE, REGULAR RHYTHM, NO MURMURS

ABDOMEN: FLABBY, NORMOACTIVE BOWEL SOUNDS, SOFT, NONTENDER, NO ORGANOMEGALY

GENITOURINARY: NEGATIVE KIDNEY PUNCH SIGN BILATERALLY

NEUROLOGIC EXAM: MOTOR STRENGTH: 0/5, RIGHT UPPER AND LOWER EXTREMITY; 4/5, LEFT UPPER EXTREMITY; 3/5 LEFT LOWER EXTREMITY

DIAGNOSTIC PROCEDURES PERFORMED:

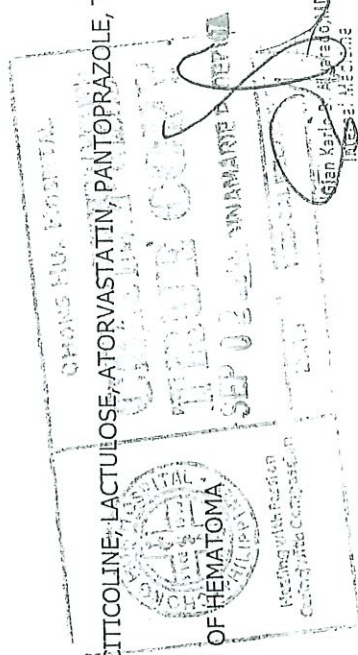
SEE ATTACHED PHOTOCOPY OF LAB RESULTS

SIGNIFICANT MEDICATIONS:

AMLODIPINE, LOSARTAN, CEFUROXIME, MANNITOL, CITICOLINE, LACTULOSE, ATORVASTATIN, PANTOPRAZOLE, TWYNSTA, CARVEDILOL, DAKTACORT

TREATMENT PROCEDURES:

LEFT FRONTOTEMPORAL CRANIOTOMY, EVACUATION OF HEMATOMA





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BIRTHPLACE: **CEBU CITY** CITIZENSHIP: **FILIPINO** CIVIL STATUS: **SINGLE**
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CITY ADDRESS: **12A MT. MANUNGAL ST. SINGSON VILL. MANDAUE CITY.**
PROVINCIAL ADDRESS:

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Date admitted: **June 30, 2017**
Date Discharged:

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MED
B-619

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ATTENDING PHYSICIAN Consultant(s)-in-charge during admission

Name: **SAJULGA, MARIANNE STA. M.D.**
Address: **ZONE 2 486 BELLEZA COMPOUND DUMLOG, TALISAY CITY**

Name:
Address:
Phone:

Phone: (032)

OTHER ANCILLARY PROCEDURES (Include dates):

☐ Please refer to attached reports. ☒ N/A

COURSE IN THE WARD:

PATIENT WAS ADMITTED. VENOCLYSIS STARTED, LABORATORY TESTS AND IMAGING WERE DONE. CT SCAN REVEALED CVD BLEED OF 31.5 CC AT THE LEFT LENTICULOCAPSULAR REGION. PATIENT WAS ADMITTED AT THE ICU. MEDICATIONS WERE GIVEN. REPEAT CT SCAN REVEALED AN INCREASE IN VOLUME AT 40.4 CC. PATIENT WAS REFERRED TO A NEUROSURGEON FOR SURGICAL INTERVENTION. PATIENT WAS SCHEDULED FOR CRANIOTOMY AND WAS ABLE TO TOLERATE PROCEDURE WELL. CONDITION GRADUALLY IMPROVED. PATIENT WAS THEN TRANSFERRED TO A REGULAR ROOM. MEDICATIONS WERE CONTINUED. PATIENT MANAGED ACCORDINGLY THUS DISCHARGE IN AN IMPROVED CONDITION.

FUNCTIONAL STATUS:

Eyesight : ☒ No Problem ☐ Glasses ☐ Blurred ☐ Blind ☐ Not Applicable
Hearing : ☒ No Problem ☐ Limited ☐ Hearing Aid ☐ Not Applicable
Speech : ☐ Clear ☒ Slurred ☐ Aphasic ☐ Not Applicable
Urinary Continence : ☒ No Problem ☐ Incontinent ☐ Foley Catheter ☐ Condom Catheter
Needs Assistance in: ☒ Feeding ☒ Dressing ☐ Transfer
Mobility : ☐ No Problem ☐ Ambulates w/ assistance ☐ Chairfast ☒ Bedfast
Others (if any):

NUTRITIONAL STATUS :

☐ Undernourished ☒ Nourished ☐ Overnourished ☐ Dietary Plan Attached
Dietary Specifications:

Diet : ☒ Oral ☐ Tube ☐ TPN

CONDITION ON DISCHARGE:

☐ Recovered ☒ Improved ☐ Controlled ☐ Unresolved ☐ Expired

DISPOSITION :

☒ As Advised ☐ Transferred ☐ Against Advise ☐ Absconded

INSTRUCTIONS TO THE PATIENT/FAMILY, MEDICATIONS AND DIETS (Please see attached sheet/s).

THE PATIENT ☒ HAS BEEN GIVEN A COPY OF THIS SUMMARY

☐ HAS NOT BEEN GIVEN A COPY OF THIS SUMMARY (state reason) :

AUTHOR DETAILS:

Resident Physician-In-Charge: **ALVARADO, GIAN KARLO M.D.**
Primary Attending Physician: **SAJULGA, MARIANNE STA. M.D.**

Signature:

Signature:

Date:

Date:

GIAN KARLO D. ALVARADO, MD.
Internal Medicine
Lic. No. 0134032

8/17