

| QUEST PHIL DIAGNOSTICS MEDICAL EXAMINATION REPORT | | | | | |
|---|------------------------------|--|------------|---------------------|--|
| Company: ALORICA TMO | | | Date: | 2019-03-05 15:37:08 | |
| Name: | DEQUITO,JOHN ERICK CASTRO | | QuestID: | 393 | |
| Address: | MADAPDAP, MABALACAT PAMPANGA | | Gender: | MALE | |
| Email: | JEDCASTRO041023@gmail.com | | Age: | 26 | |
| Mobile: | 09066795363 | | Birthdate: | 1993-01-10 | |

| MEDICAL HISTORY | |
|--------------------------|----|
| Significant Past Illness | |
| Asthma | NO |
| Tuberculosis | NO |
| Diabetes | NO |
| High Blood Pressure | NO |
| Heart Problem | NO |
| Kidney Problem | NO |
| Abdominal/Hernia | NO |
| Joint/Back/Scoliosis | NO |
| Psychiatric Problem | NO |
| Migraine/Headache | NO |
| Fainting/Seizure | NO |
| Allergies | NO |
| Cancer/Tumor | NO |
| Hepatitis | NO |
| STD | NO |

| VITAL SIGNS | | | | | |
|---------------------------|-------------|--------|------|-------|----|
| Height | 5ft5inc | Weight | 73kg | BMI | |
| BP | 110/80 | PR | 86 | RR | 22 |
| Visual Acuity Uncorrected | | | | | |
| OD | 20/20 | | OS | 20/20 | |
| Visual Acuity Corrected | | | | | |
| OD | | | OS | | |
| Color Vision/Ishihara | | | | | |
| Hearing | NORMAL | | | | |
| Hospitalization | - | | | | |
| Operation | - | | | | |
| Medication | - | | | | |
| Smoker,Sticks/Year | - | | | | |
| Alcoholic Drinker | OCC | | | | |
| Last Menstrual Period | - | | | | |
| Others/Notes | WITH TATTOO | | | | |

| PHYSICAL EXAMINATION | | |
|--|--------|----------------------------------|
| | NORMAL | |
| | YES/NO | FINDINGS |
| Skin | YES | |
| Neck | YES | |
| Chest/Breast/Lungs | YES | |
| Cardiac/Heart | YES | |
| Abdomen | YES | |
| Extremities | YES | |
| Others/Notes | | |
| (Scalp, Eyes, Ears, Nose, Sinuses, Mouth, Throat, Thyroid, Axilla, Back, Anus-rectum, G-U System, Inguinals, Genitals, others) | | |
| | | PhysicianFROILAN A. CANLAS, M.D. |
| | | License: 82498 |
| Patient Signature | | |
| I hereby authorized QPD and its physicians to furnish information that the company may need pertaining to my health status and do hereby release them from any and all legal responsibility be doing so, I certify that the medical history is true of my knowledge and any false statement will disqualify me from my employment benefits and claims. | | |

| QUEST PHIL DIAGNOSTICS MEDICAL CERTIFICATE | | |
|--|------------|-------------------------|
| Medical Examination Rating System (DOH, Bureau of Licensing and Regulation; Administrative Code no. 85-A series 1990) | | |
| I certify that I have examined DEQUITO,JOHN ERICK CASTRO and found applicant of ALORICA TMO with a classification of CLASS A - FIT TO WORK as of 2019-03-05. | | |
| Others/Notes: | Physician: | FROILAN A. CANLAS, M.D. |
| | License: | 82498 |

| LABORATORY SCIENCES RESULT | | | |
|---------------------------------|-----------------|---------------------|-------------------|
| HEMATOLOGY | | CLINICAL MICROSCOPY | |
| Complete Blood Count | | Complete Urinalysis | |
| White Blood | x10^9/L | 4.23-11.07 | Physical/Chemical |
| Hemoglobin | g/L | | Color |
| Hematocrit | VF | | Transparency |
| Differential Count | | | pH |
| Neutrophils | % | 34-71 | Sp.Gravity |
| Lymphocytes | % | 22-53 | Protein |
| Monocytes | % | 5-12 | Glucose |
| SEROLOGY | | Microscopic | Normal Range |
| HBsAg | | RBC | /hpf 0-3 |
| Pregnancy Test | | WBC | /hpf 0-5 |
| Others/Notes | | | |
| DRUG TESTING | | E.Cells | |
| Methamphetamine | | M.Threads | |
| Tetrahydrocanabinol | | Amorphous | |
| | | Bacteria | |
| | | CaOx | |
| | | Others/Notes | |
| FECALYSIS | | | |
| Color | | | |
| Consistency | | | |
| Microscopic Findings | | | |
| Others/Notes | | | |
| Registered Medical Technologist | Quality Control | Pathologist | |

| RADIOLOGY REPORT | |
|---|--------------------------|
| NO ABNORMAL DENSITIES SEEN IN BOTH LUNG PARENCHYMA. THE HEART IS NORMAL IN SIZE AND CONFIGURATION. AORTA IS UNREMARKABLE. THE DIAPHRAGMS, COSTROPHRENIC SULCI AND BONY THORAX ARE INTACT. | |
| IMPRESSION: | |
| NORMAL CHEST FINDINGS | |
| | SALVADOR RAMIREZ,MD.DPBR |
| Quality Assurance | Radiologist |
| HEADQUARTERS: Angeles Sports and Country Club, Zeppelin St. Hensonville, Angeles City Philippines | |
| Branch: McArthur Hiway cor Salome Road & Victor St. Brgy. Balibago, Angeles City beside Robinsons Mall | |