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QUEST PHIL DIAGNOSTICS MEDICAL EXAMINATION REPORT

| Company: HAU SBA | Date: | 2018-10-23 10:32:0 |
|------------------|-------|--------------------|
|------------------|-------|--------------------|

Name: BONDOC, KRISTINE JOY NUCOM

Address: Gender: FEMALE APALIT, PAMPANGA

Email: Age: 20

Mobile: Birthdate: 03-20-98 09265518792

MEDICAL HISTORY VITAL SIGNS Significant Past Illness Height 4ft11in Weight 47kg BP NO 100/70 PR RRAsthma Tuberculosis Visual Acuity Uncorrected NO OS Diabetes NO OD 20/20 High Blood Pressure NO Visual Acuity Corrected OS Heart Problem NO OD Kidney Problem NO Color Vision/Ishihara NORMAL Abdominal/Hernia NO Hearing Hospitalization -Joint/Back/Scoliosis NO Psychiatric Problem NO Operation Migraine/Headache NO Medication Smoker, Sticks/Year Fainting/Seizure NO Alcoholic Drinker Allergies NO Last Menstrual Period Cancer/Tumor NO ONGOING Hepatitis Others/Notes NO STD NO

| | DHVSICA | L EXAMINATION | | | |
|--|---------|---|--|--|--|
| | NORMAL | DEASMINATION | | | |
| | 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 daims.

| _ | PHIL DIAGNOSTICS MEDICAL CERTIFICATE |
|---|---|
| Medical Examination Rating Syst | em (DOH, Bureau of Licensing and Regulation; Administrative Code no. 85-A series 1990) |
| | |
| I certify that I have examined HAU SBA with Others/Notes: | BONDOC, KRISTINE JOY NUCOM and found applicant of a classification of PENDING as of 2018-10-24. Physician: FROILAN A. CANLAS, M.D. |

| | | LA | BORATORY | SCIENCES RESULT | | |
|---------------------------------|--------------------------------|-----------------|--------------|-----------------------|-----------------------|--------------|
| HEMATOLOGY | | | | CLINICAL MICROSC | OPY | |
| Complete Blood Count | | | | Complete Urinalysis | | |
| White Blood | | l0^9/L | 4.23-11.07 | Physical/Chemical | | |
| Hemoglobin | | /L | F:112-157 | Color | LIGHT | |
| Hematocrit | 0.37 V | F | F:0.34-0.45 | Т | YELLOW SL. TURBID | |
| Differential Count | | | | Transparency | 5.0 | |
| Neutrophils | 67 % | | 34-71 | pH | 1.015 | |
| Lymphocytes | 27 % | | 22-53 | Sp.Gravity Protein | NEGATIVE | |
| Monocytes | 6 % | | 5-12 | Glucose | NEGATIVE | |
| | | | | Gincose | NEGATIVE | |
| SEROLOGY | | | | | | |
| HBsAg | NONREAC | TIVE | | Microscopic | | Normal Range |
| Pregnancy Test | NEGATIVE | | | RBC | 0-2 /hpf | 0-3 |
| Others/Notes | NONE | | | WBC | 15-20 /hpf | 0-5 |
| | | | | | | |
| DRUG TESTING | | | | E.Cells | MODERATE | |
| Methamphethamine | NEGATIVE | | M.Threads | NONE | | |
| Tetrahydrocanabinol | NEGATIVE | | | Amorphous | NONE | |
| Tetranytrocanaomor | 1120111112 | , | | Bacteria | NONE | |
| | | | | CaOx | NONE | |
| FE CALYS IS | | | Others/Notes | UTI | | |
| Color | BROWN | | _ | | | |
| Consistency | FORMED | | _ | | | |
| Microscopic | NO INTESTINAL PARASITE SEEN | | | | | |
| Findings | NORMAL | | _ | | | |
| Others/Notes | NORMAL | | | _ | | |
| | | | | | | |
| | | | | | | |
| ADELBERT D. GONZ | ALES,RMT | | EDWARD | S. AGUSTIN | EMILIANO DELA CRUZ.MD | |
| Registered Medical Technologist | | Quality Control | | Pathologist | | |

| RADIOLOGI REFORT | | |
|-------------------|-------------|--|
| IMPRESSION: | | |
| Quality Assurance | Radiologist | |
| | | |