

# COVID-19 Vaccination Form



Please keep this record form, which includes medical information about the vaccines you have received.

Control No.:

R1MC-012480



ID No.:



LEAÑO

JESSELLE

U

Surname

First Name

M.I

Suffix

Address 23 POBLACION URDANETA CITY PANGASINAN

Contact No. 09171554056

Date of Birth 9/3/1994

PhilHealth No. "

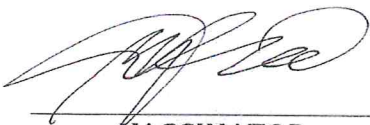
Category Other Govt Workers

Dosage Seq.	Date (mm/dd/yy)	Vaccine Manufacturer	Batch No.	Lot No.
1st Dose	8/17/2021	SINOVAC		J202106037
	Vaccinator Name DARWIN QUINTO		Signature	
2nd Dose	9/17/2021	SINOVAC		J202108084
	Vaccinator Name LEE MARVIN PADILLA		Signature	

Health Facility Name Region I Medical Center Contact No. (075)-5158916

NATIONAL IRRIGATION ADMINISTRATION  
PANGASINAN IRRIGATION MANAGEMENT OFFICE

NAME : **LEAÑO, JESSELLE UNATING**  
DATE OF BIRTH : September 03, 1994  
SEX : Female  
VACCINE BRAND : **INFLUVAC TETRA**  
ADDRESS : 23 Alonzo St. Poblacion Urdaneta City Pangasinan, 2428



VACCINATOR

Mr. Leaño

13 OCT 2021

DATE VACCINATED



**INFLUENZA VACCINATION**

**St. Reinildis Medical Clinic & Diagnostic Center**  
2 Gomez St. Dagupan City Pangasinan  
Cp No. 09073475691  
**VACCINATION CERTIFICATE**



NAME: Jesselle U. Leano  
ADDRESS: Alorro St. Poblacion Urdaneta city, Pangasinan

AGE: 25

LOT: AFLBA4468B  
MFD: 01-2020  
EXP: 12-2020

Fluarix Tetra  
2020  
South/Sud/Sur  
1 dose/dosis (0.5 ml)  
Influenza vaccine/Vaccin grippal  
Vacuna antigripal  
Inj./Inycc.: I.M.  
Storage/Cons.: 2°C - 8°C  
Do not freeze  
GSK Biologicals, SB Pharma GmbH  
& Co. KG  
Dresden, Germany - A99638

BRAND OF VACCINE:  
MFTG DATE:  
LOT NO. :  
EXPIRATION DATE:

IST DOSE GIVEN ON : AUG 20 2020 (RIGHT/LEFT DELTOID MUSCLE INTRAMUSCULAR)  
Note: RE-VACCINATION OF FLU VACCINE AFTER A YEAR AUG 20 2021

LC  
EXP,

IST DOS  
Note: SEN  
DOSE OF P1

MUSCLE INTRAMUSCULAR  
DOSE OF PREVENAR 13 FIRST, FOLLOWED BY ONE

Jul  
8/24



National Irrigation Administration

PANGASINAN IRRIGATION MANAGEMENT OFFICE

# HEALTH STATUS SURVEY

NAME

LEAÑO, JESSELLE U.

Last, First M.I.

AGE

25

CIVIL STATUS

SINGLE

ADDRESS

23 ALONZO ST. POBLACION, URDANETA CITY, PANGASINAN

SECTION/UNIT

ENGINEERING SECTION, PLANNING UNIT

POSITION TITLE

ENGINEERING AIDE A

EMPLOYMENT STATUS

☐ Permanent

☐ Casual

☒ Job Order

Please tick the box

MEDICAL HEALTH CONDITION

☒ No Underlying Medical Health Condition

☐ Diabetes

☐ Asthma

☐ Hypertension

☐ HIV

☐ Heart Problems

☐ Lung Problems

☐ Liver Problems

☐ Kidney or Bladder Problems

☐ Cancer, please specify

☐ Others, please specify

ALLERGIES /  
MEDICATIONS, if any:  
Please specify

NO ALLERGIES

NO MEDICATIONS

In the past 2 weeks, do you have close contact of someone who is diagnosed

With Coronavirus Disease (COVID-19)

☐ Yes ☒ No

Person Under Investigation (PUI)

☐ Yes ☒ No

Person Under Monitoring (PUM)

☐ Yes ☒ No

In the past 24 hours, did you have

Fever

☐ Yes ☒ No

Dry Cough

☐ Yes ☒ No

Difficulty breathing or shortness of breath

☐ Yes ☒ No

Chest pain or pressure

☐ Yes ☒ No

Loss of speech or movement

☐ Yes ☒ No

I hereby certify that the above information is complete, true, and accurate.

JESSELLE U. LEAÑO  
Signature over Printed Name

May 11, 2020

Date





National Irrigation Administration

PANGASINAN IRRIGATION MANAGEMENT OFFICE

## HEALTH STATUS SURVEY

NAME

LEAÑO, JESSELLE U.

Last, First M.I.

AGE

25

CIVIL STATUS

SINGLE

ADDRESS

23 ALONZO ST. POBLACION, URDANETA CITY, PANGASINAN

SECTION/UNIT

ENGINEERING SECTION, PLANNING UNIT

POSITION TITLE

ENGINEERING AIDE A

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☐ Others, please specify

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MEDICATIONS, if any:

Please specify

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I hereby certify that the above information is complete, true, and accurate.

JESSELLE U. LEAÑO  
Signature over Printed Name

May 11, 2020

Date



## NEURO-PSYCHOLOGICAL EVALUATION

Name: <b>LEAÑO, JESSELLE UNATING</b>		Date: May 25, 2020
Address: 23 Alonzo St., Poblacion, Urdaneta City, Pangasinan		Sex: Female    Age: 25
Purpose: For Employment	Job Title: Engineering Aide	
Agency: National Irrigation Administration	ID Type/No.: Employee ID/ 875230	

Tests Administered	
Mental Status Examination	Mini-Mental Status Examination
Personality Test	Basic Personality Inventory
Mental Ability Test	Test of "g": Culture Fair Scale 3, Form A

### I. Mental Status Examination

Level of Consciousness	(X) Alert/Responsive	( ) Drowsy	( ) Stuporous	( ) Unresponsive
Orientation to Place	(X) Oriented	( ) Disoriented		
Orientation to Time	(X) Oriented	( ) Disoriented		
Registration	(X) Good	( ) Fair	( ) Poor	
Recall	(X) Good	( ) Fair	( ) Poor	

### II. Mental Ability

Intelligence Quotient: 131	Description: Very Superior
Interpretation: The subject may be quick witted and would easily master the job's responsibilities and adjust to a new work routine. This also suggests that she is very witty and mentally alert such that it would not take too much time to orient herself to the demands of the new job before she can fend herself; Intellectual flexibility is likewise manifested.	

### III. Motor Functioning

Gross Motor	(X) Unremarkable	( ) with deficits:
Fine Motor	(X) Unremarkable	( ) with deficits:

### IV. Personality Profile

Scale	Very High	High	Average	Low	Very Low
1. Hypochondriasis		X			
2. Depression			X		
3. Denial			X		
4. Interpersonal Problems			X		
5. Alienation			X		
6. Persecutory Ideas		X			
7. Anxiety			X		
8. Thinking Disorder			X		
9. Impulsive Expression			X		
10. Social Introversion		X			
11. Self- Depreciation			X		
12. Deviation		X			

**Narrative Interpretation:** The subject scored average in most of the scales which indicates that she manifests behaviors at par with individuals of her age and sex. However, her high score on Hypochondriasis may indicate that she is frequently concerned about being sick and may get bothered even with minor bodily symptoms and discomforts. Preoccupation with such complaints may interfere with efficiency and functioning. Likewise, she believes that certain people are hostile and are trying to make life difficult and unpleasant, hence inclined to brood. She may draw distance from other people and refuses to build close relationships unless assured of their intent and faithfulness. In addition, she has low interest with others thus she avoids people generally. As such, she may have few friends and is not likely to open up about herself. She is more comfortable when alone thus prefers asocial or solitary activities and may avoid activities in the company of others. Lastly, she reports behavior patterns very different from most people and is aware and conscious of such unusual and pathological characteristics.

Remarks: THE SUBJECT'S PERSONALITY IS INTACT AND STABLE. PSYCHOLOGICALLY FIT FOR EMPLOYMENT.

**DJANESSA F. BUGAYONG, Rpm**  
Psychometrician  
Rpm Lic. No. 0005369; valid until June 07, 2022

**DR. NHORLY U. DOMENDEN, RGC, Rpm, RPsy**  
Clinical Psychologist  
RPsy Lic. No. 0001103; valid until February 17, 2023  
Rpm Lic. No. 0000409; valid until February 17, 2023  
RGC Lic. No. 0000833; valid until February 17, 2023  
PTR No. 1206058; Dagupan City, Pangasinan ; 1/3/2020

THIS DOCUMENT IS VALID FOR ONE (1) YEAR FROM THE DATE OF ISSUE.  
NOT VALID WITHOUT DRY SEAL.



# MEDICAL CERTIFICATE

(For Employment)

## INSTRUCTIONS

- This medical certificate should be accomplished by a licensed government physician.
- Attach this certificate to original appointment, transfer and reemployment.
- The results of the following pre-employment medical/physical/psychological must be attached to this form:

- ☐ Blood Test
- ☐ Urinalysis
- ☐ Chest X-Ray
- ☐ Drug Test
- ☐ Psychological Test
- ☐ Neuro-Psychiatric Examination (if applicable)

## FOR THE PROPOSED APPOINTEE

NAME (Last Name, First Name, Name Extension (if any) and Middle Name)			AGENCY / ADDRESS
LEAÑO, JESSELE UNATIM			National Immigration Administration
ADDRESS			
23 Alonzo St. Poblacion Madamita City			
AGE	SEX	CIVIL STATUS	PROPOSED POSITION
25	Female	Single	Economist 1

## FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached examination results, personally examined the above named individual and found him/her to be physically and medically <input checked="" type="checkbox"/> FIT / <input type="checkbox"/> UNFIT for employment.			
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:		OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE	
RACHEL ANN A. PARAYNO, MD, MPH			
AGENCY/Affiliation of Licensed Government Physician:			
CITY HEALTH OFFICE I, URDANETA CITY			
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE
105063	1.79 m	90	A+
OFFICIAL DESIGNATION	DATE EXAMINED		
ACTING CITY HEALTH OFFICER	MAY 28, 2020		



**PMR LABORATORY AND POLYCLINIC**  
Maramba Compound Alexander St. Urdaneta City

Name: LEAÑO, Jesselle U. Age: 25 Gender: Female Date: 23-May-20  
Requesting Company: walk-in Address: Urdaneta City, Pangasinan  
Specimen Code: PMR6-1315

**HEMATOLOGY**

<b>Erythrocytes (numerical):</b>		<b>Leukocyte Differential Count:</b>	
Male:	4.5 - 6.0 x 10 <sup>12</sup> /L	Segmenters:	.50 - .70 <u>0.61</u>
Female:	4.0 - 5.5 x 10 <sup>12</sup> /L	Lymphocyte:	.20 - .40 <u>0.35</u>
<b>Hemoglobin</b>		Stab / Band:	0 - .07 <u>-</u>
Male:	140 - 170 g/L	Eosinophil:	0 - .05 <u>-</u>
Female:	120 - 150 g/L	Monocyte:	0 - .07 <u>0.04</u>
<b>Hematocrit</b>		Basophil:	0 - .01 <u>-</u>
Male:	0.40 - 0.54	Others:	<u>-</u>
Female:	0.37 - 0.47	<b>TOTAL:</b>	<u>1.00</u>
<b>Leukocyte (numerical)</b>		<b>Platelet Count:</b>	
	5 - 10 x 10 <sup>9</sup> /L		150 x 10 <sup>9</sup> /L to 400 x 10 <sup>9</sup> /L <u>adequate</u>
<b>Bleeding Time</b>		<b>Clotting Time ( Lee and White Method )</b>	
	2 - 4 minutes		7 - 15 Minutes <u>-</u>

Ma. Theresa Q. Tosino-Enrile, MD,FPSP

**Pathologist**  
(PRC ID No. 0086648)

Not valid without dry seal

Dianne Grace S. Cantorna, RMT

**Medical Technologist**  
(PRC ID No. 0089529)



VA

Report ID: DTO-R03



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47

DEPARTMENT OF HEALTH  
P.M.R. LABORATORY AND POLYCLINIC  
MARAMBA COMPOUND, ALEXANDER STREET, POBLACION, CITY OF URDANETA,  
PANGASINAN 2428  
Phone Number 075-632-7493

DRUG TEST REPORT

CCF No: 202005230005  
Name: LEAÑO, JESSELLE UNATING  
Birthdate: 09/03/1994    Age: 25    Gender: F

Transaction Date Time: 5/23/2020 11:10:00AM  
Report Date Time: 5/23/2020 12:04:07PM

Test Method    TEST KIT

Purpose  
Others

Requesting Parties  
NATIONAL IRRIGATION ADMINISTRATION

Result

Drug/Metabolite	Result	Remarks
METHAMPHETAMINE	NEGATIVE	PASSED
TETRAHYDROCANNABINOL	NEGATIVE	PASSED

Test Conducted By

Approved By

75    DIANNE GRACE SUPNET CANTORNA

DR. MA. THERESA Q. TOSINO-ENRILE    87

Analyst

Head of Laboratory

Valid Within 12 Month/s from Transaction Date

This is a DOH-DDB IDTOMIS generated report

VI

Report ID: DTO-R03



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DEPARTMENT OF HEALTH  
ACULAB DRUG TESTING CENTER  
ALEXANDER ST., BRGY. POBLACION, URDANETA CITY, PANGASINAN  
Phone Number 09324094617

DRUG TEST REPORT

CCF No: 201807040011      Transaction Date Time: 7/4/2018 3:44:00PM  
Name: LEAÑO, JESSELLE U      Report Date Time: 7/4/2018 3:45:42PM  
Birthdate: 09/03/1994      Age: 23      Gender: F

Test Method      TEST KIT

Purpose      Requesting Parties  
Government Employment      NIA

Result

Drug/Metabolite	Result	Remarks
METHAMPHETAMINE	NEGATIVE	PASSED
TETRAHYDROCANNABINOL	NEGATIVE	PASSED

Test Conducted By

15      MS RUBY C TABLADA  
Analyst

Approved By

DR. MA. VIVIAN ABANILA VILLAR      81  
Head of Laboratory

Valid Within 12 Month/s from Transaction Date

This is a DOH-DDB IDTOMIS generated report

CERTIFIED PHOTOCOPY  
PIMO-ADMINISTRATIVE UNIT