MEDICAL EXAMINATION REPORT

the HOSPITAL at MAAYO

PATIENT NAME:	RADEN (Last Name)	AMY (First Name)	A (Middle Name)	PID: 202500215680

DATE OF BIRTH: 11/01/1968 | AGE: 56 | SEX: FEMALE

DATE OF EXAMINATION: 03 (mm) 27 (dd) 2025 (yyyy)

☐ ANNUAL PHYSICAL EXAMINATION
☐ PRE-EMPLOYMENT

Control No.

NOTE: It is advised that all required test are completed for the timely evaluation of the medical examination report and released of results. Failure to do so may cause delay.

ADDRESS:

CIVIL STATUS: ☑ SINGLE ☐ MARRIED ☐ DIVORCED ☐ WIDOWED

CONTACT NO.:

NATIONALITY:

COMPANY: INNODATA

OCCUPATION:

PRESENT ILLNESS:
NONE

ALLERGY:
☐ Food: NONE
☐ Medication: NONE

I. PAST MEDICAL HISTORY: Has applicant suffered from or been to he/she has any of the following: Check ☑ the appropriate column.

	YES	NO		YES	NO		YES	NO
Head or Neck Injury	☐	☑	Other lung disorders	☐	☑	Kidney or Bladder Disorders	☐	☑
Frequent Headaches	☐	☑	High Blood Pressure	☐	☑	Back Injury: Joint Pains/Arthritis/ Rheumatism	☐	☑
Frequent Dizziness	☐	☑	Heart Disease/ Chest Pain	☐	☑	Genetic, Hereditary, Familial Disorderm	☐	☑
Frequent Spells, Fits. Seizures or other neurological disorders	☐	☑	Rheumatic Fever	☐	☑	Sexually Transmitted Diseases	☐	☑
Insomnia or sleep disorders manias or phobias	☐	☑	Diabetes Mellitus	☐	☑	Tropical Diseases Malaria, Typhoid - specify	☐	☑
Depression, other mental disorders	☐	☑	Other: Endocrine Disorders,e.g. Goiter	☐	☑	Asthma	☐	☑
Trachoma, other eye disorders	☐	☑	Cancer or Tumor	☐	☑	Allergies, specify	☐	☑
Deafness, other ear disorders	☐	☑	Blood Disorders	☐	☑	Gynecological Disorder for females	☐	☑
Nose or throat disorders	☐	☑	Stomach Pain, Gastritis Ulcers	☐	☑	Operations (specify)	☐	☑
Tuberculosis	☐	☑	Other Abdominal Disorders	☐	☑	Others:	☐	☑

Have you consulted any doctor about a disease in the past? ☑ YES ☐ NO If YES, specify: DYSLIPIDEMIA - 2016

Are you taking maintenance medications? ☑ YES ☐ NO If YES, specify: ATORVASTATIN 20 MG

Previous Hospitalizations: 2018, 2019 - GERD, UCMED

MENSTRUAL HISTORY LMP : MENOPAUSE 2018 PMP : DURATION : ☐ INTERVAL ☐ REGULAR ☐ IRREGULAR

OBSTETRICAL HISTORY: G2P2 (2002) ☐ NSD ☐ CS2 ☐ COMPLICATIONS

II. PHYSICAL EXAMINATION

VITAL SIGNS	ANTRHOPOMETRICS	VISUAL ACUITY	ISHIHARA COLOR	HEARING AUDIOMETRY
Blood Pressure 1st 2nd 3rd 110/70 Pulse Spo02 Res TEMP 71 99 19 36.5	HEIGHT: BMI: 26.91 153 WEIGHT: IBW: 63	Vision For Near Unaided OD OS OD=J OS=J Aided OD OS OD=J OS=J	ADEQUATE: INADEQUATE:	ADEQUATE INADEQUATE RIGHT LEFT

FINDINGS	YES	NO	SIGNIFICANT FINDINGS		YES	NO	SIGNIFICANT FINDINGS
Skin	☐	☑		Heart	☐	☑	
Head, Scalp	☐	☑		Abdomen	☐	☑	
Eyes, External	☐	☑		Back	☐	☑	
Pupils	☐	☑		Genito-Urinary System	☐	☑	
Ears	☐	☑		Anus-Rectum	☐	☑	

Nose, Sinuses	☐	☑		Inguinal- Genitals	☐	☑	
Neck, Lymph Node	☐	☑		Extremities	☐	☑	
Thyroid	☐	☑		Reflexes	☐	☑	
Breast, Axilla	☐	☑		Dental (Teeth/Gums)	☐	☑	
Chest and Lungs	☐	☑					

III. TO MEDICAL EXAMINER: DO NOT WRITE BELOW THIS LINE. (FOR MEDICAL EVALUATOR USE ONLY) DIAGNOSTIC EXAMINATION

LABORATORY FINDINGS	NORMAL	WITH FINDINGS		NORMAL	WITH FINDINGS
Complete Blood Count	Unremarkable		Blood Chemistry	Unremarkable	
Urinalys	Unremarkable		Others		
Fecalysis					
Chest X-ray ☑ PA ☐ LORDOTIC VIEW		Atherosclerotic aorta			
ECG	Unremarkable				
Pap Smear					

RECOMMENDATIONS: ☑ FIT ☐ UNFIT

☐ Class "A" - Medically Fit for Employment

☑ Class "B" - Medically Fit for Employment with Minimal Findings. (Have minor ailments/ defects. Easily curable or offers no handicap to job applied.

- ☑ Needs treatment/ correction DYSLIPIDEMIA
- ☐ Treatment optional for

☐ Class "C" - Medically Fit for less strenuous type of work. Has minor ailment/s or defect/s.

☐ Needs treatment/ correction

- ☐ Treatment optional for

☐ Class "D" - Employment at the discretion of the management.

☐ Class "E" - Unfit for employment:

☐ Class "PENDING" - For further Evaluation:

Remarks: continue meds			
Date of Initial PEME:	03/27/2025	Date of Fitness:	Valid Until:

This is to certify that I have been informed of the content of this medical certificate.

KRIZIA KATE LANUTAN LIAO	AMY RADEN	DR. FRANCES JUNE - TE
Examining Physician	Printed Name and Signature of Examinee	Evaluating Personnel
PRC#: 0167256		PRC#: