



VITALAB

"Quality Healthcare At Affordable Costs"
Address: Door #2 & 3 Magricon Bldg., Km. 5 Bajada, Davao City
Telephone No. : 300-4238/305-5190



HEMATOLOGY

PATIENT: BOYSILLO, DAWN SHEER

AGE: 23

TransDate:

ADDRESS: DAVAO CITY

SEX: Female

JobOrder#: 1446442

PHYSICIAN:

Admission: 04/01/2023 12:29:20p

HEMOGLOBIN:	135	F: (120 - 140) g/L	PLATELETS	355	(150 - 450) x 10 ³ /uL
		M: (140 - 170) g/L	RETICULOCYTE		(0.005 - 0.015)
HEMATOCRIT	0.38	F: (0.38 - 0.48)	MCV	81.6	(79.9 - 92.2)
		M: (0.40 - 0.50)	MCH	29.3	(25.7 - 32.2)
RBC	4.61	F: (4.0 - 5.0) x 10 ¹² /L	MCHC	35.9	(32.2 - 36.5)
		M: (4.5 - 6.0) x 10 ¹² /L	ESR		F: (0 - 20) mm/hr
WBC	9.25	(5.0 - 10.0) x 10 ⁹ /L	(Sedimentation Rate)		M: (0 - 10) mm/hr
SEGMENTERS	0.63	(0.50 - 0.70)	Malarial Smear		
STAB		(0.01 - 0.06)	Bleeding Time		1-3 mins
LYMPHOCYTES	0.31	(0.20 - 0.40)	Clotting Time		2-6 mins
MONOCYTES	0.04	(0.02 - 0.07)	Blood Type		Rh:
EOSINOPHILS	0.02	(0.01 - 0.05)	Others		
BASOPHILS		(0.00 - 0.01)			

EDMUNDO J. VISITACION JR, MD, APCP, FPSP
Pathologist
PRC No. 68876

CHARLENE JOY M. ESCARAN, RMT
Chief Med Technologist
PRC No. 79350

KATE DIANNE PAMAL, RMT
Medical Technologist
PRC No. 6940

13 APR 2023



VITALAB

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URINALYSIS

PATIENT: BOYSILLO, DAWN SHEER

AGE: 23

TransDate: 4/1/2023 2:57:32PM

ADDRESS: DAVAO CITY

SEX: Female

JobOrder #: 1446442

PHYSICIAN:

Admission: 04/01/2023 12:29:20pm

PHYSICAL:

Color: Light Yellow
Transparency: Slightly Cloudy
Reaction: 6.5
Specific Gravity: 1.020 (1.016 - 1.022)

CHEMICAL:

Sugar: Negative (Neg)
Albumin: Negative (Neg)
Ketone: Negative (Neg)
Bilirubin: Negative (Neg)

Blood: Negative (Neg)
Urobilinogen: 0.1 (0.1 - 1.0)
Bacteria/Nit: Negative (Neg)
Leukocyte: Negative (Neg)

MICROSCOPIC:

Pus Cells: 1-3 /hpf
RBC: 0-1 /hpf
Epith Cells: +++(3 plus)
Renal Cells:
Mucus Threads:
Bacteria:
Yeast Cells:

CRYSTALS:

Amorphous Subs:
Uric Acid:
Calcium Oxalate:
Triple Phosphate:

CASTS:

Pus Cast: /lpf
Hyaline: /lpf
Fine Granular: /lpf
Coarse Granular: /lpf

Others:

13 APR 2023

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FECALYSIS

PATIENT: BOYSILLO, DAWN SHEER L.

AGE: 23

TransDate: 4/1/2023 3:19:54PM

ADDRESS: DAVAO CITY

SEX: Female

JobOrder#: 1446442

PHYSICIAN:

Admission: 04/01/2023 12:29:20pr

Color: Dark Brown

Consistency: Semi-Formed

Occult Blood:

MICROSCOPIC:

☐ Direct Fecal Smear

☒ Kato Thick

☐ Kato Katz

Ascaris Lumbricoides

None Found

None Found

Hookworm

None Found

None Found

Blastocystis hominis

None Found

None Found

Giardia lamblia

Cyst

None Found

None Found

Trophozoite

None Found

None Found

Trichuris trichiura

None Found

None Found

Entamoeba histolytica

Cyst

None Found

None Found

Trophozoite

None Found

None Found

OTHERS:

NO OVA NOR INTESTINAL PARASITE SEEN

Pus Cells /hpf

Yeast Cells

Undigested Food Particles

Red Blood Cell /hpf

Bacteria:

Fat Globules

Oil Droplets:

13 APR 2023

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Pathologist

PRC No. 68876

CHARLENE JOY M. ESCARAN, RMT

Chief Med Technologist

PRC No. 79350

MARIELLA LOUISE M. CORBITA, RMT

Medical Technologist

PRC No. 107373



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RADIOGRAPHIC REPORT

PATIENT: BOYSILLO, DAWN SHEER L.

AGE: 23

TransDate: 4/3/2023 7:02:49AM

ADDRESS: DAVAO CITY

SEX: Female

PatientNo: 0501071

EXAMINATION: CHEST PA

FILM #: 1446442

Admission: 04/01/2023 12:29:20pr

(THE FOLLOWING REPORT IS BASED ON X-RAY FINDINGS AND SHOULD BE CORRELATED CLINICALLY)

FINDINGS:

The lungs are clear.

The tracheal air column is at midline.

The heart is not enlarged.

The hemidiaphragmatic outlines and costophrenic sulci are intact.

No other significant findings.

12 APR 2023

IMPRESSION:

>UNREMARKABLE CARDIOPULMONARY FINDINGS.

LAST NAME BOHNSAW		FIRST NAME DANIEL	MIDDLE NAME STEPHEN	POSITION ID#	DEPARTMENT
SEX F	AGE 27	CS	MAILING ADDRESS	MOBILE NUMBER	BRANCH APR 04 2023

I. MEDICAL HISTORY - Has employee suffered from, or been told he had any of the following conditions? (If yes specify date and condition.)

- | | | | |
|-------------------------------------|--------------------------|---|--------------------------|
| 1. Nose and throat trouble | <input type="checkbox"/> | 16. Hernia (ruptured) | <input type="checkbox"/> |
| 2. Ear trouble or deafness | <input type="checkbox"/> | 17. Rheumatism (joint/back) | <input type="checkbox"/> |
| 3. Eye problem/ error of refraction | <input type="checkbox"/> | 18. Typhoid or paratyphoid fever | <input type="checkbox"/> |
| 4. Asthma | <input type="checkbox"/> | 19. Stomach pain or ulcer | <input type="checkbox"/> |
| 5. Tuberculosis | <input type="checkbox"/> | 20. Other abdominal trouble | <input type="checkbox"/> |
| 6. Other lung disease | <input type="checkbox"/> | 21. Genetic/familial disorders | <input type="checkbox"/> |
| 7. Chronic cough | <input type="checkbox"/> | 22. Malaria/date of last attack | <input type="checkbox"/> |
| 8. High blood pressure | <input type="checkbox"/> | 23. Operations | <input type="checkbox"/> |
| 9. Heart trouble | <input type="checkbox"/> | 24. Tropical diseases | <input type="checkbox"/> |
| 10. Rheumatic Fever | <input type="checkbox"/> | 25. Kidney or bladder trouble | <input type="checkbox"/> |
| 11. Diabetes Mellitus | <input type="checkbox"/> | 26. Fainting spells/seizures | <input type="checkbox"/> |
| 12. Endocrine disorders | <input type="checkbox"/> | 27. Frequent headaches | <input type="checkbox"/> |
| 13. Cancer or tumor | <input type="checkbox"/> | 28. Sexually transmitted disease | <input type="checkbox"/> |
| 14. Mental disorders | <input type="checkbox"/> | 29. Liver diseases | <input type="checkbox"/> |
| 15. Head or neck injury | <input type="checkbox"/> | 30. Fractures, dislocation etc. | <input type="checkbox"/> |
| *Allergies: Food/ Drug | <input type="checkbox"/> | * (If Female) LMP: <input type="checkbox"/> PMP: <input type="checkbox"/> | |

OTHERS:

II. PHYSICAL EXAMINATION -to be completed by examining physician

HEIGHT	WEIGHT	BLOOD PRESSURE		PULSE		RESPIRATION		BODY BUILT		BMI	
4'10"	48 kg	100/60									
VISUAL ACUITY		FAR VISION		NEAR VISION		ISHIHARA VISION		HEARING		CLARITY	
[] Uncorrected		OD 20/ OS 20/		OD J OS J		COLOR VISION		AD		OF SPEECH	
[] Corrected		OD 20/ OS 20/		OD J OS J				AS			

	NORMAL	FINDINGS		NORMAL	FINDINGS
Skin	<input checked="" type="checkbox"/>		Back	<input checked="" type="checkbox"/>	
Head, Neck, Scalp	<input checked="" type="checkbox"/>		Anus-rectum	<input type="checkbox"/>	
Eyes, Ophthalmoscopic	<input checked="" type="checkbox"/>		G-U System	<input type="checkbox"/>	
Ears	<input checked="" type="checkbox"/>		Inguinals, Genitals	<input type="checkbox"/>	
Nose, Sinuses	<input checked="" type="checkbox"/>		Reflexes	<input checked="" type="checkbox"/>	
Mouth, throat	<input checked="" type="checkbox"/>		Extremities	<input checked="" type="checkbox"/>	
Neck, L. thyroid	<input checked="" type="checkbox"/>		Hernia	<input type="checkbox"/>	
Chest-Breast-Axilla	<input checked="" type="checkbox"/>				
Heart	<input checked="" type="checkbox"/>				
Lungs	<input checked="" type="checkbox"/>				
Abdomen	<input checked="" type="checkbox"/>				

III. X-RAY, ECG AND LABORATORY EXAMINATION REPORT

LABORATORY	RESULTS	OTHER EXAMINATION	RESULTS	OTHER TESTS
A. Complete Blood Count (CBC)		F. HEPATITIS B TEST		
B. Urinalysis		G. BLOOD CHEMISTRY		
C. Fecalalysis		H. CHEST X-RAY		
D. Drug Test		I. ECG		
E. Pregnancy Test				

I Certify that I am the some person being examined whose name appears on this medical certificate and that I have truthfully answered the questions asked regarding my well-being.

I hereby agree to submit to a medical test by giving my information to VITALAB. I have been fully informed of the reasons for this test and I understand what I am being tested for and the procedure. I am fully aware that the results of this will be forwarded to my current employer and will become my record.

BOYSSILLO DAWN SHERE L.

Signature over printed name of Patient/Applicant

MEDICAL CERTIFICATE

Classifications

- ☒ Class A. Physically fit to work.
- ☐ Class B. Physically underdeveloped or w/ correctable defect (s) but otherwise fit to work.
- ☐ Class C. Employable but owing to certain impairments or conditions required special placement on limited duty in a specified or selected assignments, requiring follow up treatment.
- ☐ Class D. Unfit - unemployable with serious illness that does not fall under any of the above categories.

IMPRESSIONS: ESSENTIALLY NORMAL RE FINDING

RECOMMENDATION:

This certificate is issued upon the request of the patient. Thank you.

Delenda est Cetera 2015