



## Medisense Laboratory Center Inc.

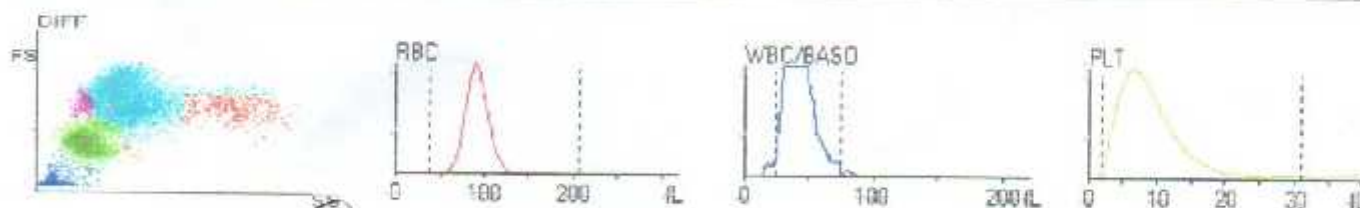
Branches: Bacolod, Cebu, Davao, Manila, Iloilo, Zamboanga, Cagayan De Oro  
No. 156 Locsin Building, C.M. Recto St. Poblacion District Brgy. 35D Poblacion, Davao City  
Email address: [davao\\_medisense@yahoo.com](mailto:davao_medisense@yahoo.com) Contact Number: 082-222-3799

### HEMATOLOGY ANALYSIS REPORT

Patient ID: Last Name: LEAL First Name: JESSE... Gender: Male  
Age: 29 Year Birthday: Dept: Bed No.:  
Sample ID: 21 Run Time: 12-15-2023 09:00 Mode: WB CBC+DIFF  
Diagnosis:

Parameter	Result Unit	Ref. Range
<b>WBC</b>	<b>6.10 <math>\times 10^9/L</math></b>	<b>4.00 - 10.00</b>
Neu%	60.3 %	50.0 - 70.0
Lym%	30.1 %	20.0 - 40.0
Mon%	L 2.8 %	3.0 - 12.0
Eos%	H 5.4 %	0.5 - 5.0
Bas%	H 1.4 %	0.0 - 1.0
Neu#	3.68 $\times 10^9/L$	2.00 - 7.00
Lym#	1.84 $\times 10^9/L$	0.80 - 4.00
Mon#	0.17 $\times 10^9/L$	0.12 - 1.20
Eos#	0.33 $\times 10^9/L$	0.02 - 0.50
Bas#	0.08 $\times 10^9/L$	0.00 - 0.10
<b>RBC</b>	<b>5.53 <math>\times 10^{12}/L</math></b>	<b>4.00 - 5.50</b>
<b>HGB</b>	<b>162 g/L</b>	<b>120 - 180</b>
HCT	0.506	0.400 - 0.540
MCV	91.6 fL	80.0 - 100.0
MCH	29.3 pg	27.0 - 34.0
MCHC	320 g/L	320 - 360
RDW-CV	0.124	0.110 - 0.160
RDW-SD	47.8 fL	35.0 - 56.0
<b>PLT</b>	<b>339 <math>\times 10^9/L</math></b>	<b>100 - 450</b>
MPV	8.6 fL	6.5 - 12.0
PDW	15.8	9.0 - 17.0
PCT	H 0.290 %	0.108 - 0.282
* ALY%	1.2 %	0.0 - 2.0
* LIC%	H 7.6 %	0.0 - 2.5
* ALY#	0.08 $\times 10^9/L$	0.00 - 0.20
* LIC#	H 0.46 $\times 10^9/L$	0.00 - 0.20

\*\*\* means research use only, not for diagnostic use



Tested By: GLADEXNE FAYE J. CARO, RMT

Pathologist: Dr. John Patrick C. Padilla



# Medisense Laboratory Center, Inc.

Branches: Bacolod, Cebu, Davao, Manila, Iloilo, Zamboanga, Cagayan de Oro

## URINALYSIS RESULT

Patient Name: LEAL, JESSE KENNETH M

Gender: MALE

Age: 24

Date: 19-Dec-23

Company: JIMINI CONCEPTS INC.-MINDANAO

Control Number: 0530931

PHYSICAL	RESULT	MICROSCOPIC	RESULT
Color:	YELLOW	WBC:	0-2 /HPF
Transparency:	CLEAR	RBC:	0-2 /HPF
pH:	8.0	Mucus Thread:	
Reaction:		Epithelial Cells:	
Sp. Gravity:	1.020	Bacteria:	
CHEMICAL	RESULT	Amorphous Urate:	
Glucose:	NEGATIVE	Amorphous Phosphate:	
Protein:	NEGATIVE	Yeast Cells:	
Leucocytes:		CRYSTALS	RESULT
Bilirubin:		Calcium Oxalate:	
Urobilinogen:		Uric Acid:	
Nitrite:		Cast:	
Blood:			
Ketone:			

OTHERS:

REMARKS:

19 FEB 2024

JAN KLARISSE B. DENZON, RMT  
License No.: 0081774

MEDICAL TECHNOLOGIST

JOHN PATRICK C. PADILLA, M.D.  
License No.: 009855

PATHOLOGIST

Note: The results are best interpreted by a healthcare professional in correlation with clinical data, imaging or other laboratory results and are not intended to be used as sole means for diagnosis and management.



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MSL-F-LAB-009-01



# Medisense Laboratory Center, Inc.

Branches: Bacolod, Cebu, Davao, Manila, Iloilo, Zamboanga, Cagayan de Oro

## FECALYSIS RESULT

Patient Name: LEAL, JESSE KENNETH M Gender: MALE Age: 24 Date: 19-Dec-23  
Company: JIMINI CONCEPTS INC.-MINDANAO Control Number: 0530931

### Macroscopic Analysis

COLOR BROWN  
CONSISTENCY SOFT

### Microscopic Analysis

WBC /hpf  
RBC /hpf  
BACTERIA

### Others

### Remarks

PARASITES: NO OVA OR PARASITE SEEN

JAN KLARISSE B. DENZON, RMT  
License No.: 0081774

MEDICAL TECHNOLOGIST

26 FEB 2024

JOHN PATRICK C. PADILLA, M.D.  
License No.: 009855

PATHOLOGIST

Note: The results are best interpreted by a healthcare professional in correlation with clinical data, imaging or other laboratory results and are not intended to be used as sole means for diagnosis and management.

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MSL-F-LAB-010-01





# Medisense Laboratory Center, Inc.

Branches: Bacolod, Cebu, Davao, Manila, Iloilo, Zamboanga, Cagayan de Oro



## XRAY RESULT

Patient Name:	LEAL, JESSE KENNETH M	Gender: MALE	Age: 24	Date: 19-Dec-23
Company:	JIMINI CONCEPTS INC.-MINDANAO		Control Number: 0530931	
X-Ray No.:	JF23-34			
Examination:	CHEST PA			
Findings:	THERE ARE NO ACTIVE PULMONARY INFILTRATES. THE HEART IS NOT ENLARGED. TRACHEA IS MIDLINE. THE DIAPHRAGM, COSTOPHRENIC SULCI AND BONY THORAX ARE INTACT.			
Impression:	NO SIGNIFICANT CHEST FINDINGS.			

ARCHIE JAN P. PACLIBAR, RRT  
License No.: 009167

RADIOLOGIC TECHNOLOGIST

26 FEB 2024

ROMEO N. TUPAS JR., M.D., FPCR  
License No.:

RADIOLOGIST

Print Date/Time: 12/20/2023 10:41 AM

MSL-F-XRY-002-01





DEPARTMENT OF HEALTH  
JGR DRUG TESTING CENTER AND MEDICAL CLINIC  
ROBINSONS PLACE, 1/L.J. CATOLICO SR. AVE., LAGAO, GENERAL SANTOS CITY,  
SOUTH COTABATO  
Phone Number 875-4667

**DRUG TEST REPORT**

QM911999  
32

CCF No: 202402280002  
Name: LEAL, JESSE KENNETH MAGNAYON  
Birthdate: 02/19/1999 Age: 25 Gender: M

Transaction Date Time: 2/28/2024 10:59:00AM  
Report Date Time: 2/28/2024 12:21:12PM

Test Method TEST KIT

Purpose

Others

Result

Requesting Parties  
SONIC SALES & DISTRIBUTION, INC.

Drug/Metabolite	Result	Remarks
METHAMPHETAMINE	NEGATIVE	PASSED
TETRAHYDROCANNABINOL	NEGATIVE	PASSED

Test Conducted By 

Approved By 

84 LEA STEPHANIE CAMARINES SANTOS  
Analyst

DR. NENA CAMIRING SALCEDO-LINGAYON 38  
Head of Laboratory

Valid Within 12 Month/s from Transaction Date

This is a DOH-DDB IDTOMIS generated report

# MEDISENSE LABORATORY CENTER, INC.

DOH ACCREDITATION NUMBER: 11-013-2224-MF-2  
156 Lucena Bldg. C.M Rector St. Brgy 35P Poblacion District, Davao City  
Tel. No. : 094382-74130329 / 094382-2223799  
Email Address : mldarzo.oic@gmail.com  
Website: medisenselaboratory.com



2023-0530931

## MEDICAL EXAMINATION RECORD

DOH ACCREDITATION No. 13-008-16-MF-2		ADDRESS OF APPLICANT DAVAO CITY		Medical Certificate
LAST NAME LEAL		FIRST NAME JESSE KENNETH	MIDDLE INITIAL M	PRESENT MAILING ADDRESS DAVAO CITY
SEX MALE	AGE 24	CIVIL STATUS SINGLE	TEL NO.	OCCUPATION

### I. MEDICAL HISTORY. Has applicant suffered from or been told he had any of the following conditions?

1. Nose or Throat Trouble	NO	11. Cancer or tumor	NO	21. Sexually transmitted disease	NO
2. Ear trouble or deafness	NO	12. Mental disorders	NO	22. Genetic or familial disorders	NO
3. Asthma	NO	13. Head or neck injury	NO	23. Malaria, if yes: Date of Last Attack:	NO
4. Tuberculosis	NO	14. Hernia (ruptured)	NO	24. Operations	NO
5. Other lung disease	NO	15. Rheumatism, joint or back trouble	NO	25. Tropical diseases	NO
6. High blood pressure	NO	16. Typhoid or paratyphoid fever	NO	26. Chronic cough	NO
7. Heart trouble	NO	17. Trachoma or other eye trouble	NO	27. Fainting spells, fits or seizures	NO
8. Rheumatic fever	NO	18. Stomach pain or ulcer	NO	28. Frequent headaches	NO
9. Diabetes Mellitus	NO	19. Other abdominal trouble	NO	29. Dizziness	NO
10. Endocrine disorders	NO	20. Kidney or bladder trouble	NO		

I hereby permit the DOH/MARINA/POEA and the undersigned physician to furnish such information the company may need pertaining to my health status and other pertinent medical findings and do hereby release them from any and all legal responsibility by doing so. I also certify that my medical history contained above is true and any false statement will disqualify me from my employment, benefits and claims.

JESSE KENNETH M LEAL

JIMINI CONCEPTS INC.-MINDANAO

Signature of Examinee

Name of Employer

### II. PHYSICAL EXAMINATION (To be completed by examining Physician.)

HEIGHT (cm) 158	WEIGHT (kg) 55	1. BLOOD PRESSURE 117/73	2. PULSE (b/min) 82	3. RESPIRATION (b/min) 19	4. BODY BUILT	BMI 22.03
VISUAL ACUITY		5. FAR VISION		6. NEAR VISION		7. COLOR VISION
Uncorrected		OD 20 /		OS 20 /		AD
Corrected		OD 20 /		OS 20 /		AS
8. SKIN		9. HEAD, NECK, SCALP		10. EYES, EXTERNAL		11. EYES, INTERNAL
12. OPHTHALMOLOGY		13. EARS		14. NOSE, SINUSES		15. MOUTH, THROAT
16. NECK, L.N., THYROID		17. CHEST - BREAST - AXILLA		18. LUNGS		19. HEART
20. ABDOMEN		21. BACK		22. ANUS, RECTUM		23. G-U SYSTEM
24. INGUINALS, GENITALS		25. REFLEXES		26. EXTREMITIES		27. DENTAL (teeth)
UPPER		8 7 6 5 4 3 2 1 -L-		1 2 3 4 5 6 7 8		
LOWER		8 7 6 5 4 3 2 1 -L-		1 2 3 4 5 6 7 8		

### III. X-RAY, ECG AND LABORATORY EXAMINATION REPORT

A. CHEST X-RAY NO.	F. SY-SEROLOGICAL TEST (VDRL / RPR):
SIGNIFICANT FINDINGS: <u>NORMAL</u>	G. HEPATITIS B SURFACE ANTIGEN TEST:
B. ECG REPORT:	H. AIDS CLEARANCE TEST:
C. COMPLETE BLOOD COUNT: <u>NORMAL</u>	I. BLOOD TYPE:
Findings Hgb:	J. PSYCHOLOGICAL TEST
D. URINALYSIS: <u>NORMAL</u>	K. DRUG TEST (METH / THC)
E. STOOL EXAMINATION: <u>NORMAL</u>	L. ALCOHOL TEST:
	M. TPHA:
	N. HEPA C (ANTI-HCV):
	O. HEPA A:
	OTHER:

REMARKS:

RECOMMENDATIONS:

**FIT FOR LOCAL EMPLOYMENT**

