



INFINITY CARE MEDICAL SERVICES

無限的關懷醫療服務

ADDRESS: 9A A CORDEIRO ST. SERRANO SUBDIVISION MARIBAS VALENCIA CITY CONTACT NO. 2775968

MEDICAL CERTIFICATE

PERSONAL INFORMATION

NAME: HAVANA, RUSSEL
COMPANY: PLV
SERVICE #: 25-0866

DATE: MAY 31, 2025

AGE: 21
GENDER: MALE

PAST MEDICAL HISTORY

+	ALLERGIES (FOOD/MEDICATION)	-	ASTHMA	-	HERMIA	-	FAINTING SPELLS OR SEIZURE
-	OPERATIONS	-	PTB	-	KIDNEY OR BLADDER PROBLEM	-	PSYCHIATRIC OR PSYCHOLOGICAL PROBLEM
-	HOSPITALIZATION	-	OTHER LUNG DISEASES	-	OTHER ABDOMINAL PROBLEM	-	SEXUALLY TRANSMITTED DISEASE
-	HEART DISEASE	-	DIABETES	-	RHEUMATISM/Joint/ JOINT BACK PROBLEM	-	HEPATITIS
-	HYPERTENSION	-	STOMACH PAIN/ULCER	-	FREQUENT HEADACHE /DIZZINESS	-	CANCER OR TUMOR

REMARKS:

WITH HISTORY OF ALLERGY TO UNKNOWN ETIOLOGY.

FAMILY HISTORY

+	HYPERTENSION	-	DIABETES	-	CANCER	-	THYROID
-	HEART DISEASE	-	PTB	-	ASTHMA	-	OTHERS

PERSONAL AND SOCIAL HISTORY

		MENSTRUAL HISTORY					
-	SMOKING	STICKS/DAY		MENARCHE:			N/A
		YRS		LIMP:			N/A
-	DRUGS	+	EXERCISE	INTERVAL:			N/A
-	ALCOHOL		BOTTLES/SESSION	# OF PADS:			N/A
				DURATION:			N/A
				G			P

PHYSICAL EXAMINATION

BP:	130/90	CR: bpm	84	RR: bpm	18	TEMP:	AFEVRILE
HT: (meter)	1.68	WT: (kg)	110	BMI:	39.14		obese
EXAMINATION	NORMAL	REMARKS/FINDINGS			NORMAL		REMARKS/FINDINGS
1. SKIN	✓		7. CARDIOVASCULAR	✓			
2. HEAD / NECK / SCALP	✓		8. ABDOMEN	✓			
3. EYES / EARS / NOSE	✓		9. RECTUM AND ANUS	✓			
4. MOUTH / THROAT	✓		10. INGUINALS & GENITALS	✓			
5. CHEST & LUNGS	✓		11. EXTREMITIES	✓			
6. BREAST	✓		12. BACK	✓			

VISUAL ACUITY	1. FAR VISION	
UNCORRECTED	OD 20/30	OS 20/30

DIAGNOSTIC RESULT

	NORMAL	FINDINGS
CHEST XRAY	✓	
CBC	✓	
URINALYSIS		WBC = 2 -5/HPF
FECALYSIS	✓	

IMPRESSION:

ESSENTIALLY WELL ADULT

ERROR OF REFRACTION

RECOMMENDATIONS:

INCREASED ORAL FLUID INTAKE, FOR BP MONITORING, FOR OPHTHA CONSULT

PHYSICALLY FIT FOR OJT

EXAMINED BY: SARAH JANE CHUA-UY MD
LIC #114970

NOTE:

1. Validity of consistent with section 9 of AO no. 85-A, this examination is valid at the end of the contract unless not deployed within 90 days from the date of examination as such a repeat examination will be conducted.

2. Coverage: This is certification does not cover diseases that would require special procedures and examination for their detection such as COVID-19 which needs Rapid Testing and/or Oropharyngeal / Nasopharyngeal swab testing, bronchiectasis which needs bronchography, peptic ulcer/gallbladder disease which need chole/ GI series, certain kidney problems which need IVP, and also those which are asymptomatic at the time of examination including pregnancy test.