

HI - PRECISION DIAGNOSTICS PLUS

3/F Commerce Center Bldg. 31st cor. 4th Ave. Bonifacio Global City, Taguig City
Contact Nos: (02) 8550-1735 / (63) 933-825-9505 / (63) 933-825-9504 / (63) 917-633-6071



MEDICAL REPORT

COMPANY NAME PHILCARE (APE/PEME)	DATE OF EXAMINATION 6/26/2024 10:21:49AM
PATIENT NAME DEL MUNDO, JEFFREY CAPARAS	BIRTHDATE 01/01/1979

I hereby certify that all the information I have disclosed, as reflected in this report, are true to the best of my knowledge and belief, and that any misrepresentation or concealment on my part may lead to consequences, which may or may not include termination, legal prosecution, expulsion, disqualification, etc.

I hereby authorize Hi-Precision Diagnostics and its officially designated examining physicians and staff to conduct the examinations necessary to assess my fitness to work.

I give my consent to this clinic and its officially designated examining physicians and staff to furnish the results of this examination to my potential employers or their authorized representatives

By signing this, I hold Hi-Precision Diagnostics and its authorized physicians and staff free from any criminal, civil, administrative, ethical, and moral liability, that may arise from the above.

DEL MUNDO, JEFFREY CAPARAS

Printed name and Signature of Patient

MEDICAL EXAMINATION RATING SYSTEM

(Occupational Safety and Health Standards)

Department of Labor and Employment

RECOMMENDATION:

Class A - Physically fit for any work.

Class B - Physically under-developed or with correctible defects, (error of refraction dental caries, defective hearing, and other similar defects) but otherwise fit to work.

Class C - Employable but owing to certain impairments or conditions, (heart disease, hypertension, anatomical defects) requires special placement or limited duty in a specified or selected assignment requiring follow-up treatment/periodic evaluation.

Class D - Unfit or unsafe for any type of employment (active PTB, advanced heart disease with threatened failure, malignant hypertension, and other similar illnesses).

Classification is Pending due to:

1. Needs clearance from: internal medicine-pulmonologist/attending specialist

Physician: ANNE DOMINIQUE ESGUERRA - BORGONOS, M.D.

License #: 130442

** Report Electronically Signed Out **

Date: 6/27/2024 9:38:27AM

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SEX M	AGE 45	CIVIL STATUS Married	TEL NO 0917-522-7201	OCCUPATION IT MANAGER	

MEDICAL HISTORY (For any Yes answers, please see Remarks)

	Yes	No		Yes	No
1. Head or Neck Injury Condition	[]	[X]	22. Hepatitis	[]	[X]
2. Eye Disease	[X]	[]	23. Tuberculosis	[]	[X]
3. Ear Disease or Deafness	[]	[X]	24. Malaria	[]	[X]
4. Nose or Throat Disease	[]	[X]	25. Dengue	[]	[X]
5. Skin / Scalp / Nail / Hair Condition	[]	[X]	26. Typhoid	[]	[X]
6. Asthma or Other Lung Disease	[]	[X]	27. Other Tropical / Parasitic Diseases	[]	[X]
7. Diabetes Mellitus	[]	[X]	28. Cancer / Tumor / Blood Dyscrasia	[]	[X]
8. Thyroid Disease	[]	[X]	29. Hospitalization / Operations	[X]	[]
9. Other Endocrine Disease	[]	[X]	30. Smoker - Cigarette	[]	[X]
10. High Blood Pressure	[]	[X]	30 a. _____ sticks/day for _____ years.		
11. Heart Disease	[]	[X]	30 b. Quit smoking since _____		
12. Digestive System Condition	[X]	[]	31. Alcoholic Beverage Drinker	[]	[X]
13. Hernia	[]	[X]	31 a. _____() bottle(s) () glasses () shot(s) / session		
14. Kidney or Bladder Condition	[]	[X]	31 b. () Occasional () Frequent		
15. Female Reproductive System Condition	[]	[X]	32. Last Menstrual Period: _____		
16. Male Reproductive System Condition	[]	[X]	32 a. () Reg () Irreg () Menopausal () Surg. Menopause		
17. Sexually Transmitted Disease	[]	[X]	32 b. () Pregnant () Post Partum () No Menarche		
18. Musculoskeletal Condition	[]	[X]	33. Present Medications	[]	[X]
19. Frequent Headaches / Dizziness	[]	[X]	34. Congenital Disease / Deformity	[]	[X]
20. Psychiatric Condition	[]	[X]	35. Allergies	[]	[X]
21. Seizures, Other Neurologic Disorders	[]	[X]	36. Family Medical History	[X]	[]

PHYSICAL EXAMINATION

37. HEIGHT 168.0cm	38. WEIGHT 62.0kg	39. BLD. PRESSURE 100/70 mmHg	40. PULSE 80/min	41. RESPIRATION 20/min	42. BMI 22 kg/m ² Normal
43. Visual Acuity			Far Vision		Near Vision
Uncorrected			OD 20 / 70		OS 20 / 25
Corrected () with eyeglasses () with contact lenses					

	Normal	
	Yes	No
44. Skin	X	
45. Head, Scalp	X	
46. Eyes	X	
47. Ears	X	
48. Nose, Sinuses	X	
49. Mouth, Throat	X	
50. Thyroid, Neck	X	
51. Breast - Axilla	X	
52. Lungs	X	
53. Heart	X	
54. Abdomen	X	
55. Back	X	
56. Anus-rectum		X
57. G-U System, Inguinal		X
58. Extremities	X	

MEDICAL HISTORY AND PHYSICAL EXAM REMARKS

2. Error of refraction: Astigmatism

12. Other diseases: Ulcerative colitis (2011), currently on Infliximab (Remsima) infusion every 4 weeks. Last check up and infusion June 6, 2024.

29. Diagnosis: Chron's disease , Management Done: s/p blood transfusion , Hospitalization Date: 2020 - General trias Cavite , Outcome: recovered

36. hypertension (paternal)

56. Refused

57. Refused

Examining Physician: ROSE ANN P. DEL ROSARIO, MD PRC License #: 0142313

DEL MUNDO, JEFFREY CAPARAS - DS256281
2432020000

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ADDITIONAL MEDICAL HISTORY AND PHYSICAL EXAMINATION REMARKS

PATIENT DECLARES THAT HE/SHE HAS NO COVID-RELATED SYMPTOMS FOR THE PAST 10 DAYS, AND NO EXPOSURE TO KNOWN COVID PATIENTS NOR RECENT TRAVEL OUT OF THE COUNTRY FOR THE PAST 14 DAYS.

PATIENT WAS PREVIOUSLY DIAGNOSED WITH COVID INFECTION, AND WAS DECLARED RECOVERED.

DATE OF DIAGNOSIS: 2021

DATE OF RECOVERY: 2021

TEST SUMMARY

Test	Findings	Recommendations
MEDICAL HISTORY	THE FOLLOWING ITEMS WERE NOTED WHILE TAKING THE PATIENT MEDICAL HISTORY: HISTORY OF ERROR OF REFRACTION	REFER TO VISION AND EYE SECTION OF THE PHYSICAL EXAM.
PE	HISTORY OF OTHER DIGESTIVE DISEASES: ULCERATIVE COLITIS	FOR INTERNAL MEDICINE/ATTENDING SPECIALIST CLEARANCE
HEMATOLOGY	DURING PHYSICAL EXAMINATION THE FOLLOWING ITEMS WERE OBSERVED: ERROR OF REFRACTION IN DISTANCE VISION.	SUGGEST REGULAR OPTOMETRIST VISIT.
	ABNORMAL HEMOGLOBIN, MEAN CORPUSCULAR VOLUME, MEAN CORPUSCULAR HB CONCENTRATION, MEAN CORPUSCULAR HB AND RBC DISTRIBUTION WIDTH.	SUGGEST INTERNAL MEDICINE CONSULT IF PERSISTENT OR IF WITH SYMPTOMS.
	ELEVATED BASOPHIL.	SUGGEST IM-HEMATOLOGIST CONSULT FOR BASOPHIL ABNORMALITIES IF PERSISTENT OR IF WITH SYMPTOMS.
FECALYSIS	TEST WAIVED BY PATIENT - OPTIONAL AS PER ENDORSEMENT OF COMPANY.	EVALUATION IS BASED ON AVAILABLE DATA.
URINALYSIS	PRESENCE OF PROTEIN	FOR INTERNAL MEDICINE SPECIALIST CLEARANCE.
X-RAY	MINIMAL RIGHT UPPER LOBE OPACITIES, PROBABLY RESIDUALS FROM PREVIOUS INFECTION	NOTED LUNG FINDINGS ON X-RAY, FOR PULMONOLOGIST CLEARANCE.
ECG	SINUS BRADYCARDIA	SUGGEST CARDIO CONSULT IF WITH SYMPTOMS.

Evaluation Date	Remarks	Classification	Evaluator
6/27/2024 9:38AM	Classification is Pending due to: 1. Needs clearance from: internal medicine-pulmonologist/attending specialist	PENDING	ANNE DOMINIQUE ESGUERRA - BORGONOS, M.D., License No.: 130442

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ADDITIONAL EVALUATION REMARKS

Please refer to the test summary table above for the findings requiring specialist clearance.