




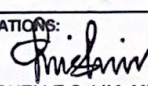
Prosperity Medical Clinic & Laboratory, Inc.

DOH ACCREDITATION No 13-043-17-MF-2
Unit 4, 5, 10 & 11 - RVA Building, 858 Remedios Street, Malate, Manila
Telefax: 521-22-52 Tel No.: 522-87-49
email: pmcli_2000@yahoo.com

The Clinic's OMS is certified to
ISO 9001:2008 by Bureau Veritas
Certification since 2004
DOH Accreditation No. 13-070-14-MF-2

Accredited by: DOH, POEA, TESDA, PRC, MARINA, DOLE

MEDICAL EXAMINATION CERTIFICATE

LAST NAME RECOPUERTO			FIRST NAME MAE JOY			MIDDLE NAME SANGCO			OCCUPATION DOMESTIC HELPER		
SEX FEMALE	AGE 31	CIVIL STATUS SINGLE	CONTACT NO.			PRESENT MAILING ADDRESS STA MARTHA CATALUNAN GRANDE DAVAO CITY			COUNTRY HONG KONG		
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. Liver disease		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. Operations		NO	
10. Endocrine disorders		NO		20. Kidney or bladder trouble		NO					
			Others (specify):								
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.											
MAE JOY SANGCO RECOPUERTO						KINGS MANPOWER SERVICES INC.					
Signature of Examinee						Name of Employer / Agency					
II. PHYSICAL EXAMINATION (To be completed by examining Physician.)											
Height (cm) 158		Weight (kg) 52		B.P (mmHg) 110/80		Pulse (/min) 78		Respiration (/min) 19		Body Built BMI 20.83	
VISUAL ACUITY		FAR VISION		NEAR VISION		COLOR VISION		HEARING		CLARITY OF SPEECH (Radio officer only)	
Uncorrected		OD20/20 OS20/20		OD/J/ 1 OS/J/ 1				AD		NOT REQUIRED	
Corrected		OD20/ OS20/		OD/J/ OS/J/				AS			
		NORMAL		FINDINGS				NORMAL		FINDINGS	
10. SKIN		YES				21. ABDOMEN		YES			
11. HEAD, NECK, SCALP		YES				22. BACK		YES			
12. EYES EXTERNAL		YES				23. ANUS, RECTUM		YES			
13. PUPILS, OPHTHALMOSCOPIC		YES				24. G-U SYSTEM		YES			
14. EARS		YES				25. INGUINALS, GENITALS		YES			
15. NOSE, SINUSES		YES				26. REFLEXES		YES			
16. MOUTH, THROAT		YES				27. EXTREMITIES		YES			
17. NECK, L.N., THYROID		NO		NODULAR NON TOXIC GOITER		28. DENTAL (teeth)		YES			
18. CHEST - BREAST - AXILLA		YES									
19. LUNGS		YES				UPPER		8 7 6 5 4 3 2 1 -L- 1 2 3 4 5 6 7 8			
20. HEART		YES				LOWER		-L-			
III. X-RAY, ECG AND LABORATORY EXAMINATION REPORT											
A. X-RAY EXAMINATION CHEST-PA X-RAY No.: 612396 IMPRESSION: ESSENTIALLY NORMAL CHEST				F. SY-SEROLOGICAL TEST (VDRL) G. HEPA B SURFACE ANTIGEN TEST H. AIDS CLEARANCE TEST I. BLOOD TYPE J. PSYCHOLOGICAL TEST				NONREACTIVE NONREACTIVE NONREACTIVE A ADEQUATELY ADJUSTED PERSONALITY			
B. ECG REPORT NOT REQUESTED				K. DRUG TEST: METHAMPHETAMINE/THC L. ALCOHOL TEST M. TPHA N. HEPA C (ANTI-HCV) O. HEPA A P. PREGNANCY TEST NEGATIVE				NOT REQUESTED NOT REQUESTED NOT REQUESTED NOT REQUESTED LMP:			
C. COMPLETE BLOOD COUNT NORMAL											
D. URINALYSIS NORMAL											
E. STOOL EXAM NOT REQUESTED											
OTHERS:											
REMARKS:											
RECOMMENDATIONS:  FIT TO WORK MICHELLE S. LIM, MD License No.: 116222 Medical Director											
01-Sep-2022 Date											
NOTE: This certificate does not cover diseases that would require special procedures and examinations for their detection such as bronchiectasis, which needs bronchography, peptic ulcer/gall bladder diseases 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.											

CONTROL NO.: 20220901-0043