

HI - PRECISION DIAGNOSTICS

Norkis Bldg. 11 Calbayog St. cor. D.M. Guevarra St., Mandaluyong City
Contact Nos.: (63) 917-8327313



MEDICAL REPORT

COMPANY NAME SV MORE PHARMA NUTRIA N.A INC	DATE OF EXAMINATION 1/10/2023 9:36:33AM
PATIENT NAME AFABLE, CRISTINE TORRES	BIRTHDATE 12/25/1983

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 it's authorized physicians and staff free from any criminal, civil, administrative, ethical, and moral liability, that may arise from the above.

AFABLE, CRISTINE TORRES

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:

- Needs additional tests: REPEAT URINALYSIS

Physician: SHANEEN KAYE R. TULIO, MD

License #: 150186

Date: 1/10/2023 2:22:37PM

** Report Electronically Signed Out **

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SEX F	AGE 38	CIVIL STATUS Single	TEL NO 3736240	OCCUPATION ACCOUNTANT	

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. <u>1</u> () bottle(s) () glass (X) shot(s) / session		
14. Kidney or Bladder Condition	[]	[X]	31 b. (X) Occasional () Frequent		
15. Female Reproductive System Condition	[]	[X]	32. Last Menstrual Period: <u>12/17/2022 to 12/22/2022</u> G. 0 P. 0 (0-0-0-0)		
16. Male Reproductive System Condition	[]	[X]	32 a. (X) 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 151.0cm	38. WEIGHT 52.0kg	39. BLD. PRESSURE 120/80 mmHg	40. PULSE 82/min	41. RESPIRATION 18/min	42. BMI 22.8 kg/m² Normal
43. Visual Acuity		Far Vision		Near Vision	
Uncorrected		OD 20 / 20		OS 20 / 20	
Corrected () with eyeglasses () with contact lenses					

	Normal		MEDICAL HISTORY AND PHYSICAL EXAM REMARKS
	Yes	No	
	X		35. Manifestation: PRURITUS, Triggers: PENICILLIN, SEAFOOD
	X		36. MATERNAL- HYPERTENSION; PATERNAL- HEART DISEASE
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		

Examining Physician: **SHANEEN KAYE R. TULIO, MD** PRC License #: 150186

AFABLE, CRISTINE TORRES - LB000761
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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.

TEST SUMMARY

Test	Findings	Recommendations
MEDICAL HISTORY	HISTORY OF ALLERGY	AVOID TRIGGERING FACTORS FOR REPEAT URINALYSIS; IF STILL WITH ABNORMALITIES ,FOR INTERNAL MEDICINE SPECIALIST CLEARANCE
PE	UNREMARKABLE	
HEMATOLOGY	NORMAL	
FECALYSIS	NORMAL	
URINALYSIS	ELEVATED PH	
DRUG TEST	NEGATIVE	
X-RAY	NORMAL	

Evaluation Date	Remarks	Classification	Evaluator
1/10/2023 2:22PM	Classification is Pending due to: 1. Needs additional tests: REPEAT URINALYSIS	PENDING	SHANEEN KAYE R. TULIO, MD, License No.: 150186

ADDITIONAL EVALUATION REMARKS