



MEDICAL REPORT

COMPANY NAME <b>REFERRAL</b>		DATE OF EXAMINATION <b>2/9/2015 9:14:33AM</b>																																																																																																																																																																			
PATIENT NAME <b>CALUNGSOD, PHOEBE LYNN BOLFANGO</b>		BIRTHDATE <b>04/05/1976</b>																																																																																																																																																																			
SEX <b>F</b>	AGE <b>38</b>	CIVIL STATUS <b>Single</b>	TEL NO																																																																																																																																																																		
HEIGHT <b>164cm</b>	WEIGHT <b>77kg</b>	BLOOD PRESSURE <b>120/80</b>	PULSE <b>70/min</b>																																																																																																																																																																		
		RESPIRATION <b>19/min</b>	BMI <b>28.6 kg/m<sup>2</sup> Overweight</b>																																																																																																																																																																		
MEDICAL HISTORY (For any yes answers, please see Remarks)																																																																																																																																																																					
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CALUNGSOD, PHOEBE LYNN BOLFANGO - TF018949  
1524003145

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Noted:

JOSEPHINE O ZAFICOLM D.  
MEDICAL OFFICER III  
LIC. # 075699

Remarks: 2. Wears corrective lenses  
18. Diabetes Mellitus- father  
Skin asthma

2/10/15: BMI - Overweight; Advised diet, exercise and life style modification for proper weight management.

: Advised regular optometrist/ophthalmologist follow up for good eye care

: PE - Hemorrhoids; Suggest high fiber diet

: Urinalysis result noted. Patient asymptomatic. Advise increased oral fluid intake. Medication is indicated if symptomatic.

: Awaiting fecalysis

2/11/15: Fecalysis waived.

FIT TO WORK.

### 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 correctable 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).

Physician:  Jana F. Fragante M.D.

License #: 0127815

Date: 2/9/2015 10:01:01AM

\*\* Report Electronically Signed Out \*\*

#### Note:

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 further certify that all the information I have disclosed are true to the best of my knowledge and any false statement will disqualify me from my employment benefit and claims. Finally, 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, and release them from any legal responsibilities from doing so.

  
Printed name and Signature of Applicant