



LOS BAÑOS DOCTORS HOSPITAL and MEDICAL CENTER

Batang Malake, Los Baños, Laguna

Tel. No.: (049) 536-0100, 4462, 1825

Fax No.: (049) 536-1225

Date: 11-19-16

TO WHOM IT MAY CONCERN:

This is to CERTIFY that Julian Resor _____ years old/male/
female/single/married/child residing at Umali Subel - Batang Malake
Los Baños, Laguna was confined/
treated/examined in this hospital on 11-19-2016 20 _____.

DIAGNOSIS:

REMARKS:

NOTE: This CERTIFICATION is not valid for medico-legal purposes.

ERNESTO M. PUA, M.D.

LIC. NO. 43637 F4-331

,M.D.

Attending Physician

Lic. No.: 43632

Noted: [Signature]
JOSEPHINE O. ZAFICO, M.D.
Medical Officer II
License No. 075625

Carisoprodol + Paracetamol
LAGAFLEX 300mg/250mg Tablet



LOS BAÑOS DOCTORS HOSPITAL & MEDICAL CENTER

LOPEZ AVE. BATONG MALAKE, LOS BAÑOS, LAGUNA

Tel. No.: (49)536-1825/ (49)536-0100

Department of Laboratory (HEMATOLOGY)

Name : **RESOS, JULIEN**
Age: _____ Sex: **F**
Requesting Physician : _____, M.D.

Date/Time Received: **11/18/2016 11:05 AM**
Date/Time Released: **11/18/2016 11:05 AM**
Room No.: _____

TEST	RESULT	NORMAL VALUE	TEST	RESULT	NORMAL VALUE
HEMOGLOBIN	12.4	M=13-18GMS.% F=12-16GMS.%	PLATELET COUNT		150,000-450,000 / cumm
		C=14-26GMS.% P=8.5-14GMS.%	BLOOD TYPING		
HEMATOCRIT	42.8	M=40-54VOL.%	CLOTTING TIME		3-6 min.
		F=36-57VOL.%	BLEEDING TIME		1-3 min.
WBC	8,100	5000-10,000/cumm.	RETICULOCYTE COUNT		0.5-1.5 %
RBC	5.49	4.6 million/cumm.	SEDIMENTATION RATE		M=0-15 mm/hr
DIFFERENTIAL COUNT					F=0-20 mm/hr
SEGMENTERS	55	55-65 %	TOXIC GRANULATIONS		
LYMPHOCYTES	38	25-35 %	L.E. TESTS		
EOSINOPHILS		1-3 %	MALARIAL SMEAR		
MONOCYTES	07	3-7 %	MCV	78	82 - 92
BASOPHILS		0.1-0.1 %	MCH	22.7	27 - 32
STAB CELLS		5-10 %	MCHC	29.1	32 - 36
			RDW	13.2	

DIAGNOSIS:

OTHERS:

MARIA MINDA SANDRO, RMT
Lic. No. 1011623
Medical Technologist

Doreen
DOREEN L. DOTOLLO, MD, DPSP
DOREEN L. DOTOLLO, MD, DPSP, M.D.
Lic. No. 87667
Pathologist



LOS BAÑOS DOCTORS HOSPITAL & MEDICAL CENTER

Atong Malake, Los Baños, Laguna

Tel. No. (049) 536-0100/1825/4462; Telefax No. (049) 536-1225

PHILHEALTH ACCREDITED

URINALYSIS

2016. 11. 18

OPD
IN PATIENT

ROOM NO. _____

DATE:

TIME COLLECTED:

TIME EXAMINED:

PATIENT NAME:

Resos Julien

AGE:

SEX:

FAMILY NAME

FIRST NAME

MIDDLE NAME

PHYSICIANS:

COLOR	Yellow	PUS/WBC	2-4
TRANSPARENCY	Slightly hazy	RBC	0-2 HPF
REACTION	5.0	EPITH. CELLS	Moderate
SP. GRAVITY	1.025	AMURATES	Occasional
SUGAR	neg (-)	PHOSPHATE	
ALBUMIN	neg (-)	MUCUS THREADS	Few
PREGNANCY TEST		BACTERIA	Few
CASTS		CRYSTALS	
YEAST CELLS			

MEDICAL TECHNOLOGIST

PATHOLOGIST



LOS BAÑOS DOCTORS HOSPITAL AND MEDICAL CENTER

LOPEZ AVE. BATONG MALAKE, LOS BAÑOS, LAGUNA

Tel No. (049) 536-1825 / (049) 536-0100 / (049) 536-4462

Patient Name:	RESOS, JULIEN AMORA	Hosp No.:	33006	Case No.:	143507
Req. Physician:	PUA, ERNESTO MERCADO	Age:	28Y1M0D	File No.:	
Exam Taken:	CHEST PA	Sex:	F	Room No.:	O
Address:	UMALI SUBD BATONG MALAKE LOS BAÑOS LAGUNA			Document No.:	12799

Exam Date: 11/18/2016

RADIOLOGIC FINDINGS

Comparison: 8/17/2015

There are no active lung parenchymal infiltrates.
The heart is not enlarged.
The trachea is at the midline.
The costophrenic sulci and hemidiaphragms are intact.
The osseous and soft tissue structures are unremarkable.

Impression:

RADIOGRAPHICALLY NORMAL CHEST

MARIZE ESCOBAR DEPILO

Radiologic Technologists

CICERO MATTHEW R HABITO M.D., FPCR, FPSVIR

Radiologists

MEDICAL CERTIFICATE

For Employment

INSTRUCTIONS

1. This medical certificate should be accomplished by a government physician.
2. Attached this certificate to original appointments and reinstatements.

NAME (Last, First, Middle, or if married woman, Maiden Name) <i>RESOS, Julien A.</i>			AGENCY ADDRESS <i>DPBG, VSC</i>		
ADDRESS <i>USU, Visca, Baybay City, Leyte</i>					
AGE <i>27 yrs</i>	SEX <i>F</i>	CIVIL STATUS <i>S</i>	PROPOSED POSITION <i>Instructor</i>		
Pre-Employment Medical-Physical Tests					
<ol style="list-style-type: none"> 1. Blood Test 2. Urinalysis 3. Chest X-ray 4. Drug Test 5. Neuro-Psychiatric Examination (If necessary) <i>} done for wife</i>					
FOR THE PHYSICIAN					
I HEREBY CERTIFY that I have personally examined the above-named individual and found her/him to be physically and medically fit/unfit for employment					Affix Documentary Stamp
PRINTED NAME/SIGNATURE OF PHYSICIAN <i>ELWIN J. ...</i> <i>MEDICAL OFFICER</i> <i>HEAD, VSU HOSPITAL</i> <i>LIC #098803</i>		CERTIFICATE NO. <i>98m</i>	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE <i>...</i>		
OFFICIAL DESIGNATION <i>CWA I</i>		HEIGHT (Barfoot)	WEIGHT (Stripped)	BLOOD TYPE	
AGENCY: VSU HOSPITAL Visayas State University Visca, Baybay, Leyte, Philippines			DATE EXAMINED <i>11/16/15</i>		