



MEDICAL CERTIFICATE

Laboratory Requirements:

☒	Complete Blood Count	☐	Drug Test
☒	Urinalysis	☐	Psychological Test
☒	Chest X-ray	☐	Neuro-psychiatric Examination
☐	Stool Examination		

This is to certify that I have seen and examined Mr./Miss Carmelo Lomonin
that he/she is physically and/or medically: ☒ fit ☐ unfit.

Purpose:

☒	Pre-enrolment Medical certification
☐	Educational tour/trip; seminar/convention
☐	Medical Requirement for OJT
☐	Others: Please Specify

Scholarship

Remarks:

If conditions arise after the student/employee/staff/faculty have been cleared, the physician may rescind the clearance until the problem is resolved.

Name and Signature of Physician: _____

MERRY CHRISTL T. SUPNET-MINOCOR, M.D.
Medical Officer III
License No. 111828

Date issued: 7-5-22



Republic of the Philippines
Iligan Institute of Technology of the Mindanao State University
Andres Bonifacio Ave., Tibanga, ILIGAN CITY 9200
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MEDICAL AND DENTAL HEALTH SERVICES

MEDICAL CERTIFICATE

Date: 9-27-2022

To Whom It May Concern:

This is to certify that Leomarich F. Casinillo, age/sex 32/M, a resident of
Brgy. Tabunok, Hilongos, Leyte.

Reason for Visit: ☐ Consultation ☒ Physical Examination

Impression: Well-being

Remarks: ☒ Physically Fit ☐ Physically unfit

☐ Others: _____

Purpose: ☒ OJT ☐ Scholarship application ☐ Employment

☒ Others: For Promotion

This certification is issued upon the request of the aforementioned.

Imputing
Littie Azisah M. Puting, M.D.
Attending Physician
License No: 0143349



FATIMAH DIAGNOSTICS

Aida Manzano Bldg., Sabayle St., Saray, Iligan City

Tel #: 229.7204 CP #: 09169478910 / 09633478910

fatimahdiagnostics@gmail.com

CASINILLO, LEOMARICH

BRGY SANTIAGO

ILIGAN CITY

09302450157

Date : 09/27/2022

Sex : MALE

Age : 32

URINALYSIS

TEST	RESULT	NORMAL REFERENCE
MACROSCOPIC FINDINGS		
Color	Yellow	Straw to Amber
Appearance	Slightly Hazy	Clear
Protein	Negative	Negative
Glucose	Negative	Negative
ph	7.0	5.0 - 7.0
Specific Gravity	1.020	1.005 - 1.030
MICROSCOPIC FINDINGS		
Pus Cells	1 - 2	0 - 2 / hpf
Red Blood Cells	0 - 2	0 - 2 / hpf
Epithelial Cells		Few
Mucus threads	Rare	Few
Amorphous	Few	Few
Bacteria	Few	None
OTHERS:		

Najwa Usman
NAJWA USMAN USMAN

PRC LICENSE NO. 0103928

Medical Technologist

Choniolo O. Ruiz
CHONILO O. RUIZ, MD, FPSP

PRC LICENSE NO. 0037644

**Clinical and Anatomical
Pathologist**



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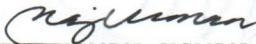
Date : 09/27/2022

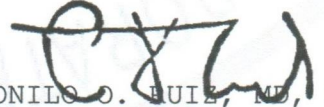
Sex : MALE

Age : 32

SEROLOGY	
TEST	RESULT
HBsAg Screening (Qualitative)	NONREACTIVE

REMARKS:


NAJWA USMAN USMAN
PRC LICENSE NO. 0103928
Medical Technologist


CHONILO O. RUIZ, MD, FPSP
PRC LICENSE NO. 0037644
**Clinical and Anatomical
Pathologist**



Fatimah Diagnostics

Aida Manzano Bldg., #50 Sabayle St., Saray, Iligan City

Tel#: (063) 229-7204 CP #: 09169478910 / 09633478910

Email address: fatimahdiagnostics@gmail.com

Hematology Section Test Report

Name: **CASINILLO, LEOMARICH F.**

Age: **32 years , 7 months & 7 days**

DOB :**02/01/1990**

Sex: **Male**

Sample Submitted : **09/27/2022**

Sample Processed : **09/27/2022**

Result Validated : **09/27/2022**

Physician:

COMPLETE BLOOD COUNT

Parameters	Result	Unit	Reference Range
WBC Count	7.6	$\times 10^9/L$	4 - 10
RBC Count	5.4	$\times 10^{12}/L$	4.5 - 6.2
HEMOGLOBIN	150.0	g/L	130 - 180
Hematocrit	0.46	%	0.40 - 0.50
MCV	86.20	fL	78.0 - 100.0
MCH	28.00	pg	27.0 - 34.0
MCHC	32.50	g/dL	32.2 - 35.0
PLATELET Count	171	$\times 10^9/L$	150 - 400
DIFFERENTIAL COUNT			
NEUTROPHILS	L 0.44	%	0.55 - 0.65
LYMPHOCYTES	0.48	%	0.35 - 0.55
MIXED			
EOSINOPHILS	0.04	%	0.02 - 0.02
MONOCYTES	0.04	%	0.02 - 0.04
BASOPHILS			

BLOOD Type

RH Type

CLOTTING TIME

BLEEDING TIME

- END OF REPORT -

Najwa U. Usman
NAJWA U. USMAN ,RMT (Lic #:00103928)

MEDICAL TECHNOLOGIST

Choniolo O. Ruiz
CHONILO O. RUIZ, MD, FPSP (Lic #: 0037644)

CLINICAL & ANATOMICAL PATHOLOGIST