



GREENGOLD MIRAMBEL MEDICAL CLINIC AND ALLIED SERVICE

17 Tres Martires St., Zone 13, Baybay City Leyte 6521
Tel No.: (053) 563-9545/ Email Address: greengold.medical@gmail.com

Date: NOVEMBER 19, 2024

Name: LESIDAN, JERREL ANN

Age: 26 y.o Sex: FEMALE

Room no:

Requesting Physician:

Address: BRGY. MARCOS BAYBAY CITY, LEYTE

OBSTETRIC ULTRASOUND

GENERAL SURVEY

No. of fetuses: one
Presentation: BREECH
Fetal heart rate: 156 beats per minute

PLACENTA

Location: ANTERIOR
Grade: GRADE-I

BIOMETRY

BPD	7.86	cm	31	w	6	d
HC	29.79	cm	30	w	6	d
AC	26.85	cm	30	w	3	d
FL	.516	cm	28	w	0	d

AMNIOTIC FLUID INDEX

3.0	4.0	TOTAL
4.0	3.0	
		14.0 cm

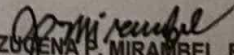
BIOPHYSICAL PROFILE SCORE

Average Ultrasound Age (AUA): 30 w 2 d
Ultrasound EDD: JANUARY 26, 2025 (+/- 2 WEEKS)
Serum EFW: 1472.61 grams

Fetal Breathing	2
Fetal Movement	2
Fetal Tone	2
AFI	2
TOTAL	8/8

DIAGNOSIS

SINGLE LIVE INTRAUTERINE PREGNANCY, BREECH PRESENTATION (AT TIME OF SCAN)
30 WEEKS AND 2 DAYS BY FETAL BIOMETRY
HIGH LYING PLACENTA, ANTERIOR GRADE-I
ADEQUATE AMNIOTIC FLUID VOLUME (AFV - 14.0 cm)
ACTIVE FETAL MOVEMENTS AND GOOD CARDIAC ACTIVITY (Fetal Heart rate - 156 beats per minute)
Ultrasound Estimated Date of Delivery: JANUARY 26, 2025 (+/- 2 WEEKS)
THERE IS EVIDENCE OF NUCHAL CORD COIL 1x


DR. AZUCENA P. MIRAMBEL, FPOGS
OB-GYNE/Sonologist

NOTE:

The above described results are based on sonologic findings and should be correlated with clinical findings and other ancillary procedures



RECEIVED
24 JAN 2025
HRMD *[Signature]*

UNIVERSITY CLEARANCE
(for Faculty and Staff)

Name: JERREL ANN L. LESIDAN Position: SCIENCE RESEARCH ASST Signature: _____

Address and Mobile Number: BRGY. MARCOS, Baybay City, Leyte / 09354302716

Dept./Office: National Coconut Research Center-Visayas Last Day of Service in VSU: January 3, 2025

Purpose: [] Resignation [] Retirement [] Transfer [] Study Leave [x] Others Maternity leave

Reason, if resignation: _____ n/a

Effective Date: January 6, 2025 to April 20, 2025

Cleared of work-related accountabilities:

[Signature]
MARISEL A. LEORNA
Name and signature of Department /Unit Head

The above-named faculty/staff is cleared of money, property and other responsibilities from units under VSU, Visca, Baybay City, Leyte.

Name of Office	Name of Authorized Official	Signature	Date Signed
VP Administrative and Finance (includes units under VPPRGAS)	<i>MOISES MELU V. SERTINO</i> <u>ELWIN JAY V. YU</u>	<i>[Signature]</i>	<u>01/14/25</u>
VP Research, Extension & Innovation	<u>SANTIAGO T. PEÑA, JR.</u>	<i>[Signature]</i>	_____
VP Academic Affairs (includes offices under VP for Student Affairs and Services)	<u>ROTACIO S. GRAVOSO</u>	<i>[Signature]</i>	_____

Approved:

[Signature]
PROSE IVY G. YEPES
University President
Date: _____

***Note:** Faculty/staff who is retiring, being separated from the service, transferring to another agency, or go on leave of absence for more than three months is required to process this clearance in five (5) copies. This clearance should be duly accomplished only within a month prior to retirement/resignation/separation/ from the service before receiving the last salary or any money due to the faculty/staff from the university. After completion of this clearance, submit all copies to the Office of the Head of Recruitment, Selection, Placement and Personnel Records (OHRSPPR). Processing of clearance certificate shall follow the order of number indicated.

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL

CERTIFICATE OF LIVE BIRTH

Province LEYTE	Registry No. 2025-150
City/Municipality CITY OF BAYBAY	

CHILD	1. NAME (First) (Middle) (Last) DIVINE PROVIDENCE LAGITAO LESIDAN	
	2. SEX (Male / Female) FEMALE	3. DATE OF BIRTH (Day) (Month) (Year) 08 JANUARY 2025
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) (City/Municipality) (Province) BAYBAY CITY IMMACULATE CONCEPTION HOSPITAL CITY OF BAYBAY LEYTE	
	5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.) SINGLE	5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.) NOT APPLICABLE

MOTHER	7. MAIDEN NAME (First) (Middle) (Last) JERREL ANN LAGRIA LAGITAO	
	8. CITIZENSHIP FILIPINO	9. RELIGION/RELIGIOUS SECT CHRISTIAN
	10a. Total number of children born alive 01	10b. No. of children still living including this birth 01
	10c. No. of children born alive but are now dead 00	11. OCCUPATION RESEARCH ASSISTANT

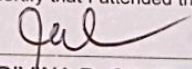
FATHER	14. NAME (First) (Middle) (Last) MENCIUS BOBIS LESIDAN	
	15. CITIZENSHIP FILIPINO	16. RELIGION/RELIGIOUS SECT CHRISTIAN
	17. OCCUPATION RESEARCH ASSISTANT	18. AGE at the time of this birth (completed years) 32
	19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) BRGY. MARCOS CITY OF BAYBAY LEYTE PHILIPPINES	

MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgement/Admission of Paternity at the back.)

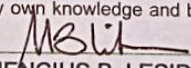
20a. DATE (Month) (Day) (Year) APRIL 24, 2024	20b. PLACE (City / Municipality) (Province) (Country) CITY OF BAYBAY LEYTE PHILIPPINES
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21a. ATTENDANT
 1 Physician 2 Nurse 3 Midwife 4 Hilot (Traditional Birth Attendant) 5 Others (Specify) _____

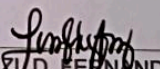
21b. CERTIFICATION OF ATTENDANT AT BIRTH (Physician, Nurse, Midwife, Traditional Birth Attendant/Hilot, etc.)
 I hereby certify that I attended the birth of the child who was born alive at **07:26 PM** am/pm on the date of birth specified above.

Signature: 
 Name in Print: **LUDIVINA D. CAVAL, M.D.**
 Title or Position: **MEDICAL OFFICER III**
 Address: **B.C.I.C.H., CITY OF BAYBAY, LEYTE**
 Date: **JANUARY 8, 2025**

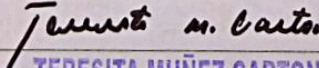
22. CERTIFICATION OF INFORMANT
 I hereby certify that all information supplied are true and correct to my own knowledge and belief.

Signature: 
 Name in Print: **MENCIUS B. LESIDAN**
 Relationship to the Child: **FATHER**
 Address: **BRGY. MARCOS, BAYBAY CITY, LEYTE**
 Date: **JANUARY 9, 2025**

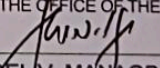
23. PREPARED BY

Signature: 
 Name in Print: **LIEZ D. FERNANDEZ**
 Title or Position: **ADMINISTRATIVE AIDE - I**
 Date: **JANUARY 9, 2025**

24. RECEIVED BY

Signature: 
 Name in Print: **TERESITA MUÑOZ-CARTON**
 Title or Position: **Administrative Officer II**
 Date: **JAN 20 2025**

25. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR

Signature: 
 Name in Print: **NOEL V. MANAGBANAG**
 Title or Position: **CITY CIVIL REGISTRAR**
 Date: **JAN 20 2025**

REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)