NAME OF CLINIC

DOH ACCREDITATION NUMBER Clinic Address Clinic Contact Information

MEDICAL CERTIFICATE FOR LANDBASED OVERSEAS WORKERS

Email Address

Approved and authorized by the Department of Health (DOH)

SURNAME/LAST NAM	E:	GIVEN NAME:		MIDDLE NAME	
000	sta	Cel	10	Moran	
AGE:	DATE OF BIRTH	-01	PLACE OF BIRTH:	NATIONALITY:	
37	2% DAY	MONTH MBGYEAR	Muntialupa	filipino	
GENDER: MALE	FEMALE	CIVIL STATUS: SII	NGLE MARRIED	Filipino RELIGION: ROMOUN Cottholio	
ADDRESS: 317	7- 2	C)	·		
PASSPORT NUMBER:	- Somewhere	St., cor. 1	21to, Myntinlu	pa city	
XDD 975		COUNTRY OF DESTIN	St., cor. Dito, Muntinlupa City Country of Destination: Carcada		
POSITION APPUED FOR:		EMPLOYER/COMPANY/RECRUITMENT AGENCY (IF APPLICABLE):			
Psychiatrist		Samplecorp			
ATISFACTORY HEARIN	G?		YES NO		
ATISFACTORY SIGHT?			YES NO		
ATISFACTORY COLOR	VISION? (WHEN REQUIRED)		YES NO	7	
ATISFACTORY PSYCHO	LOGICAL TEST?		YES NO		
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	ICE OR TO ENDANGER THE HE]	
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		Ce	F APPPLICANT)		
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