



FORM 06-OJT CEITE

## FORM F WEEKLY INTERNSHIP REPORT

Company Name : **Philippine Health Insurance Corporation (PhilHealth)**  
Week : \_\_\_\_\_  
Trainee Name : \_\_\_\_\_  
Job Title : \_\_\_\_\_  
Assigned Task : \_\_\_\_\_

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Progress of OJT student trainee (Please encircle the performance of internship trainee below)

Excellent

Very Good

Good

Needs Improvement

Observations and/or comments:

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Evaluated by:

**Jennifer T. Bulacan**  
Immediate Superior

\_\_\_\_\_  
Position

\_\_\_\_\_  
Date of evaluation