

REFERRAL SLIP FOR MEDICAL EXAMINATION

Joint DOH-POEA-MARINA CONSULTATIVE COMMITTEE

Name of Employer James Garnfil

Country of Destination James Garnfil

James Garnfil

Lastname Firstname M.N

James Garnfil

Home Address (Street, Municipality)

Vessel Test

James Garnfil

Passport Test

Age Civil Status Position Applied

SSRB Test

MERITA DIAGNOSTIC CLINIC INC.

5th floor Jettac Bldg. 920 Pres. Quirino Ave.cor. San Antonio, Malate, Manila
Tel: (02) 310-0595/404-3441 / Cell No. 0917-8576942 Email: mdcinc2019@gmail.com

INSTRUCTION TO WORKER: (OLY PATIENT ARE ALLOWED TO ENTER)

1. You are scheduled for medical on James Garnfil
2. Bring 3 copies of 1x1 PICTURES.
3. (FASTING) NO INTAKE OF FOOD OR DRINKS FOR 8-10 HOURS.
4. Non-Compliance of the above Instruction may cause delay of processing of your application.

I have read, understand and agree to comply with the above requirment.

2022-10-15

Date



Signature

5. Please conduct the following medication exam:

5.1 BASIC DOH PACKAGE (for seabase and landbase) :

5.2 For Seafarer

Audiometry ☐

Ishihara ☐

5.3 As required by the country of destination :

VDRL ☐

Hepatitis B ☐

HIV ☐

Medical Package

Test

Agency / Company

Test

Type of Payment:

Applicant Paid ☒

Billed Agency ☐