
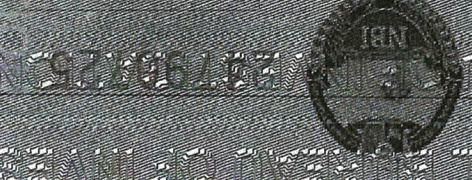
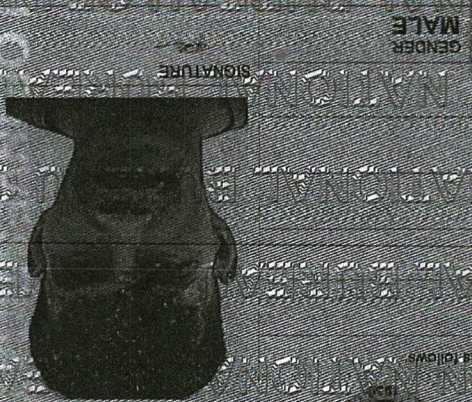
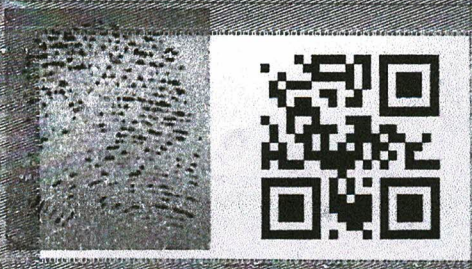


TABLAN		ROSEDELIO		VIBAL							
AGE	CIVIL STATUS	CONTACT NO.		PRESENT MAILING ADDRESS							
49	SINGLE	09554874788									
MEDICAL HISTORY Has applicant suffered from, been told he had, any of the following conditions:											
1. Cold or throat trouble		[NO]	11. Diabetes Mellitus	[NO]	21. Genetic or familial disorder	[NO]					
2. Ear trouble or deafness		[NO]	12. Endocrine disorders	[NO]	22. Malaria, if yes, date of last attack	[NO]					
3. Glaucoma or other eye trouble		[NO]	13. Cancer or tumor	[NO]	23. Operations	[NO]					
4. Asthma		[NO]	14. Mental disorders	[NO]	24. Tropical Diseases	[NO]					
5. Tuberculosis		[NO]	15. Head or neck injury	[NO]	25. Kidney or bladder trouble	[NO]					
6. Other lung disease		[NO]	16. Hernia (ruptured)	[NO]	26. Fainting spells, fits or seizure	[NO]					
7. Chronic cough		[NO]	17. Rheumatism, joints or back trouble	[NO]	27. Frequent headaches	[NO]					
8. High blood pressure		[NO]	18. Typhoid or paratyphoid-fever	[NO]	28. Sexually Transmitted Disease	[NO]					
9. Heart trouble		[NO]	19. Stomach pain or ulcer	[NO]	29. Liver disease	[NO]					
10. Rheumatic Fever		[NO]	20. Other abdominal trouble	[NO]							
OTHER :											
											
I hereby permit DOH/LAKAMBINI/POEA and the undersigned to furnish such information the company may need pertaining to my health status and other pertinent medical findings and do hereby release them from any and all legal responsibilities by doing so. I also certify that my medical history contained above is true and any false statements will disqualify me from my employment benefits and claims.											
Signature of Examinee			COLINARES CONSTRUCTION GROUP Name of Employer / Agency								
PHYSICAL EXAMINATION to be completed by examining physician :											
HEIGHT		WEIGHT		1. BLOOD PRESSURE		2. PULSE		3. RESPIRATION		4. BODY BUILD	
64 M		59.2 KGS		110 / 70		76 / min		17		Well Developed	
VISUAL ACUITY		5. FAR VISION		6. NEAR VISION		7. ISHIHARA COLOR VISION		8. HEARING		9. CLARITY OF SPEECH (RADIO OFFICER ONLY)	
Uncorrected		OD 20/ 25		OS 20/ 40		OD J/ 2		AS: NOT DONE		Not Applicable	
Corrected		OD 20/		OS 20/		OS J/ 2		AS: NOT DONE			
						NOT REQUIRED					
NORMAL FINDINGS						NORMAL FINDINGS					
1. SKIN						21. ABDOMEN					
2. HEAD, NECK, SCALP						22. BACK					
3. EYES EXTERNAL						23. ANUS, RECTUM					
4. PUPILS, OPHTHALMOSCOPIES						24. G-U SYSTEM					
5. EARS						25. INGUINALS, GENITALS					
6. NOSE, SINUSES						26. REFLEXES					
7. MOUTH, THROAT						27. EXTREMITIES					
8. NECK, L.N., THYROID						28. DENTAL (teeth)					
9. CHEST - BREAST - AXILLA						UPPER					
10. HEART						LOWER					
11. LUNGS											
I. X-RAY, ECG AND LABORATORY EXAMINATION REPORT :											
A. X-RAY EXAMINATION						G. HEPATITIS B SURFACE ANTIGEN					
X-RAY NO.						H. AIDS CLEARANCE TEST					
IMPRESSION						I. BLOOD TYPE					
FINDINGS						J. PSYCHOLOGICAL TEST					
B. ECG REPORT						K. DRUG TESTS: MET/THC					
C. COMPLETE BLOOD COUNT						L. PREGNANCY TEST					
D. URINALYSIS						M. OTHERS:					
E. STOOL EXAMINATION											
F. SY-SEROLOGICAL TEST (VDRL)											
REMARKS/SIGNIFICANT FINDINGS:											
(SARS-COV-2 RAPID TEST NOT DONE)											
CLASS B: WITH ERROR OF REFRACTION.											
[] Physically fit for all type of work. No physical defects noted.											
[X] Physically fit for all type of work. Minor ailments / defects noted											
[] Employment at the risk and discretion of the CLIENT											
[] Further evaluation required											
RECOMMENDATIONS: FIT TO WORK											
CONTROL NO. PT20221010-046											
JOSEFFRY A. BILLUTES, M.D. Medical Director											
10/10/2022 Date of Examination											

Director
ATTY. MEDARDO G. DE LEMOS
Date Printed: Tuesday, 30 August 2022 05:41 AM
Agency: LTR
CASID: landocor
RECIP: landocor
INTD: 08/30/2022 9:39:14 AM
PRPD: calmabj



NO RECORD ON FILE

REMARKS

MULTI-PURPOSE CLEARANCE

PURPOSE

FILIPINO

CITIZENSHIP

January 01, 1973

DATE OF BIRTH

BRYG BALANAC MAGDALENA LAGUNA

ADDRESS

VIBAL

MIDDLE NAME

DE TABLAN

FAMILY NAME

D314ARRA037-L1652859

NBI ID NO

August 30, 2023

VALID UNTIL

ROSEDELIO

FIRST NAME

HUSBAND'S SURNAME

POLILLO QUEZON

PLACE OF BIRTH

SINGLE

CIVIL STATUS

MALE

GENDER

SIGNATURE

Republic of the Philippines
Department of Justice
National Bureau of Investigation

COVID-19 Vaccination Card

Please keep this record card, which includes medical information about the vaccines you have received.

ID No. 8423

Details: Last name: Balanac, First Name: Rose delio, M.I: Yibal, Address: Balanac, Magdalena, Laguna, Date of Birth: 01-01-73, Sex: M, Philhealth No., Contact No. 0955 487 478, Category: A-4, Suffix: 478

Dosage Seq.	Date	Vaccine Manufacturer	Batch No.	Lot No.
1st Dose	11/1/2021	PFIZER	FJ5973	
Vaccinator Name		ROSAURIA R. BARICUT	Signature: [Signature]	
2nd Dose	12/17/2021	PFIZER	PC0024	
Vaccinator Name		Mary Cherryl B. Segunain, RN	Signature: [Signature]	

Health Facility Name: Magdalena RHU, Contact No.: (049) 576-6107