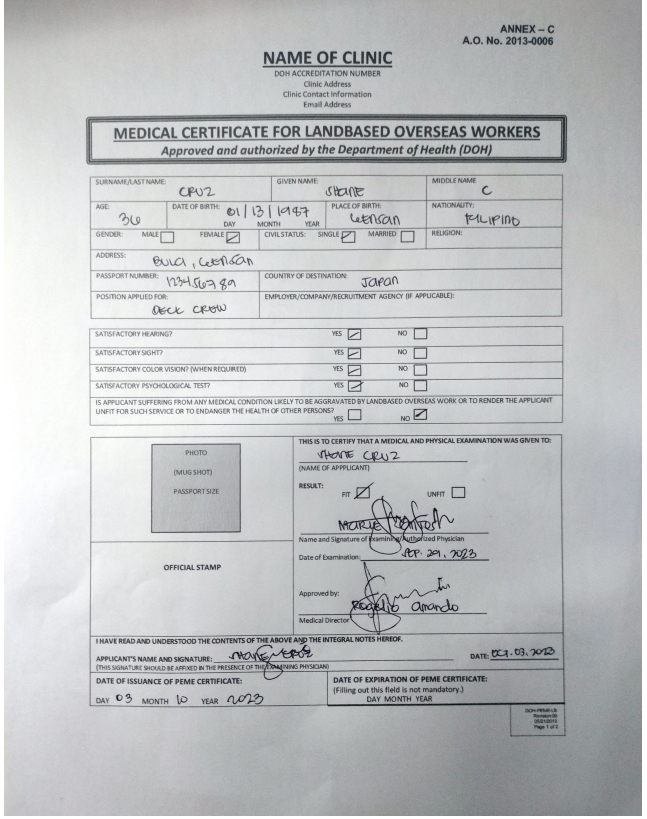

ANNEX – C
A.O. No. 2013-0006

NAME OF CLINIC
DOH ACCREDITATION NUMBER
Clinic Address
Clinic Contact Information
Email Address

MEDICAL CERTIFICATE FOR LANDBASED OVERSEAS WORKERS
Approved and authorized by the Department of Health (DOH)

SURNAME/LAST NAME: CRUZ	GIVEN NAME: SHANE		MIDDLE NAME: C
AGE: 36	DATE OF BIRTH: 01 / 13 / 1987 (DAY / MONTH / YEAR)	PLACE OF BIRTH: Letesan	NATIONALITY: FILIPINO
GENDER: MALE ☐ FEMALE ☑	CIVIL STATUS: SINGLE ☑ MARRIED ☐		RELIGION:
ADDRESS: Bula , Wensan			
PASSPORT NUMBER: 123456789	COUNTRY OF DESTINATION: Japan		
POSITION APPLIED FOR: DECK CROW	EMPLOYER/COMPANY/RECRUITMENT AGENCY (IF APPLICABLE):		

SATISFACTORY HEARING?	YES ☑	NO ☐
SATISFACTORY SIGHT?	YES ☑	NO ☐
SATISFACTORY COLOR VISION? (WHEN REQUIRED)	YES ☑	NO ☐
SATISFACTORY PSYCHOLOGICAL TEST?	YES ☑	NO ☐
IS APPLICANT SUFFERING FROM ANY MEDICAL CONDITION LIKELY TO BE AGGRAVATED BY LANDBASED OVERSEAS WORK OR TO RENDER THE APPLICANT UNFIT FOR SUCH SERVICE OR TO ENDANGER THE HEALTH OF OTHER PERSONS?	YES ☐	NO ☑

PHOTO
(MUG SHOT)
PASSPORT SIZE

OFFICIAL STAMP

THIS IS TO CERTIFY THAT A MEDICAL AND PHYSICAL EXAMINATION WAS GIVEN TO:
SHANE CRUZ
(NAME OF APPLICANT)
RESULT: FIT ☑ UNFIT ☐
Name and Signature of Examining/Authorized Physician
Date of Examination: SEP. 29, 2023
Approved by:
Medical Director

I HAVE READ AND UNDERSTOOD THE CONTENTS OF THE ABOVE AND THE INTEGRAL NOTES HEREOF.
APPLICANT'S NAME AND SIGNATURE:
(THIS SIGNATURE SHOULD BE AFFIXED IN THE PRESENCE OF THE/EXAMINING PHYSICIAN)
DATE: 09.03.2023

DATE OF ISSUANCE OF PEME CERTIFICATE:
DAY 03 MONTH 10 YEAR 2023

DATE OF EXPIRATION OF PEME CERTIFICATE:
(Filling out this field is not mandatory.)
DAY MONTH YEAR

DOH-PEMB-LB
Revision:00
05/21/2013
Page 1 of 2

ANNEX - C
A.O. No. 2013-0006
NAME OF CLINIC
DOH ACCREDITATION NUMBER
Clinic Address
Clinic Contact Information
Email Address
MEDICAL CERTIFICATE FOR LANDBASED OVERSEAS WORKERS
Approved and authorized by the Department of Health (DOH)
SURNAME/LAST NAME:
GIVEN NAME:
MIDDLE NAME
CRUZ
SHanE
C
AGE:
DATE OF
BIRTH: 01/13/1987
PLACE OF BIRTH:
NATIONALITY:
36
DAY
MONTH
YEAR
letesan
FILIPINO
GENDER:
MALE
FEMALE
CIVILSTATUS: SINGLE
MARRIED
RELIGION:
ADDRESS:
Bula , wensan
PASSPORT NUMBER: 123456789
COUNTRY OF DESTINATION:
Japan
POSITION APPLIED FOR:
EMPLOYER/COMPANY/RECRUITMENT AGENCY (IF APPLICABLE):
DECK CROW
SATISFACTORY HEARING?
YES
NO
SATISFACTORY SIGHT?
YES
NO
SATISFACTORY COLOR VISION? (WHEN REQUIRED)
YES
NO
SATISFACTORY PSYCHOLOGICAL TEST?
YES
NO
IS APPLICANT SUFFERING FROM ANY MEDICAL CONDITION LIKELY TO BE AGGRAVATED
BY LANDBASED OVERSEAS WORK OR TO RENDER THE APPLICANT
UNFIT FOR SUCH SERVICE OR TO ENDANGER THE HEALTH OF OTHER PERSONS?
YES
NO
THIS IS TO CERTIFY THAT A MEDICAL AND PHYSICAL EXAMINATION WAS GIVEN TO:
PHOTO
SHONE CRUZ
(NAME OF APPLICANT)
(MUG SHOT)
RESULT:
PASSPORT SIZE
FIT
UNFIT
Name and Signature Physician
MaRyE of Examining/ Authorized
Date of Examination:
SCP.29,2023
OFFICIAL STAMP
Approved
Director by: Rogelio
amando
Medical
I HAVE READ AND UNDERSTOOD THE CONTENTS OF THE ABOVE AND THE INTEGRAL
NOTES HEREOF.
DATE: 09.03.2023
APPLICANT'S NAME AND SIGNATURE:
(THIS SIGNATURE SHOULD BE AFFIXED IN THE PRESENCE OF THE/EXAMINING
PHYSICIAN)
DATE OF ISSUANCE OF PEME CERTIFICATE:
DATE OF EXPIRATION OF PEME CERTIFICATE:
(Filling out this field is not mandatory.)
DAY 03 MONTH 10 YEAR 2023
DAY MONTH YEAR
DOH-PEMB-LB
Revision:00
05/21/2013
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