

CCG Form no. 4411-002
Revised: 03/27/00

Card no. HK40, P78
O.R. no. _____

I. PHYSICAL EXAMINATION (yearly)

Date of Examination	Results	Initial of CHD / Phy
OCT 06 2022	PHYSICALLY FIT	

II. X-RAY EXAMINATION (yearly)

Date of Examination	Place	Result
8-28-22	Sumc	NEGATIVE

III. RECTAL SWAB/STOOL EXAM (yearly)

Date of Examination	Results	Initial of CHD / Phy
NOT NECESSARY		

IMPORTANT:

THIS PERMIT NULL & VOID IF ALL REQUIREMENTS ARE NOT COMPLIED WITH. TO BE CARRIED ALWAYS AT PLACE OF WORK.

Republic of the Philippines
CITY HEALTH DEPARTMENT
Cebu City



IDENTIFICATION



Name: MALAYANG , BENJIE JR. T.
(Surname) (Given) (M.I.)

Residence: LAHUG, C.C.

Position: SOFTWARE ENGR. ANALYST

Establishment: ACCENTURE

Renewal Period: AUG. 2023

(Signature)

JEFFREY B. IBONES, MD

CITY HEALTH OFFICER
CEBU CITY HEALTH DEPARTMENT