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
SALVADOR	MICAH	SFO

AGE:	DATE OF BIRTH:	PLACE OF BIRTH:	NATIONALITY:
22	06/02/2001 DAY MONTH YEAR	LAS PIÑAS	FILIPINO

GENDER:	CIVIL STATUS:	RELIGION:
MALE ☐ FEMALE ☑	SINGLE ☐ MARRIED ☑	CATHOLIC

ADDRESS:	
	BLK8 LOT9 SAN MARCO ST. BRGY MOLINO IV CEBU CITY

PASSPORT NUMBER:	COUNTRY OF DESTINATION:
9112345	CHINA

POSITION APPLIED FOR:	EMPLOYER/COMPANY/RECRUITMENT AGENCY (IF APPLICABLE):
CAREGIVER	

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:

MICAH J. SALVADOR
(NAME OF APPPLICANT)

RESULT:
FIT ☐ UNFIT ☑

DR OLIVIA SAUDI
Name and Signature of Examining/Authorized Physician

Date of Examination: 06/10/2023

Approved by:

DR ACE VENTURA
Medical Director

I HAVE READ AND UNDERSTOOD THE CONTENTS ~~OF THE ABOVE~~ AND THE INTEGRAL NOTES HEREOF.

APPLICANT'S NAME AND SIGNATURE: MICAH J. SALVADOR **DATE:** 06/10/2023
(THIS SIGNATURE SHOULD BE AFFIXED IN THE PRESENCE OF THE EXAMINING PHYSICIAN)

DATE OF ISSUANCE OF PEME CERTIFICATE:
06/10/2023
DAY MONTH YEAR

DATE OF EXPIRATION OF PEME CERTIFICATE:
(Filling out this field is not mandatory.)
DAY MONTH YEAR
06/10/2024