



ANGELINA
APOSTOL
PUNZALAN
MEDICAL CLINIC, INC.

3rd flr. New Atrium Wing, Guadalupe Commercial Complex, Edsa Makati City
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Recognized & Accredited by
various Philippine Agencies
PATIENT NO. 29791-2112026
TRANSACTION NO. TR031522-2112026

GCC CODE 03 / 01 / 10

ACCREDITATION NO. 13-044-2123-MF-2

LANDBASED MEDICAL CERTIFICATE

SURNAME MAPILI		FIRST NAME MARK ANGEL		MIDDLE NAME O.	AGE 21
PLACE AND DATE OF BIRTH MAKATI CITY / 29-SEP-04		PASSPORT NUMBER		RELIGION CATHOLIC	
NATIONALITY FILIPINO	SEX MALE	CIVIL STATUS SINGLE		POSITION APPLIED FOR OJT	
PRESENT MAILING ADDRESS 141-I 16TH AVE. EAST REMBO TAGUIG					CONTACT NUMBER 09513733696

I. MEDICAL HISTORY has applicant suffered from, been told he had, any of the following conditions

1) Nose or Throat Disorders	NO	13) Cancer or Tumor	NO	25) Kidney or Bladder Disorder	NO
2) Deafness, Other Ear Disorders	NO	14) Mental Disorder	NO	26) Fainting Spells/Seizures	NO
3) Trachoma, Other Eye Disorders	NO	15) Head or Neck Injury	NO	27) Frequent Headaches	NO
4) Asthma	NO	16) Hernia (Ruptured)	NO	28) Sexually Transmitted Diseases	NO
5) Tuberculosis	NO	17) Back Injury; Joint Pain/ Arthritis/ Rheumatism	NO	29) Liver Disease	NO
6) Other Lung Disorders	NO	18) Typhoid & Paratyphoid Fever	NO	30) Fractures, Discoloration, etc.	NO
7) Chronic Cough	NO	19) Stomach Pain, Gastritis or Ulcer	NO	31) Allergies (Specify)	NO
8) High Blood Pressure	NO	20) Other Abdominal Disorders	NO	32) Hospitalization	NO
9) Heart Disease/Chest Pain	NO	21) Genetic, Hereditary or Familial Disorders	NO	33) Measles	NO
10) Rheumatic Fever	NO	22) Malaria / Date of last attack	NO	34) Varicella	NO
11) Diabetes Mellitus	NO	23) Operations	NO	35) Smoker	NO
12) Other Endocrine Disorders	NO	24) Tropical Diseases (e.g. Malaria)	NO	36) Alcohol Drinker	NO
				37) Any Repatriation	NO



I hereby permit DOH / MARINA / 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. I have read and understand the contents of my PEME Certificate.

MARK ANGEL O. MAPILI

Signature over printed name of Examinee

UNIVERSITY OF MAKATI

Name of Agency

II. PHYSICAL EXAMINATION to be completed by examining physician

WEIGHT 49	HEIGHT 165.1 CM	BMI 17.97 - Normal	BLOOD PRESSURE 100 / 60	PULSE 71 / bpm.	RESPIRATION 20 / cpm.	BODY TEMP. 36.0
VISION	FAR VISION	NEAR VISION	ISHIHARA COLOR VISION	HEARING	AUDIOMETRY	
Unaided	OD 20/ 25	OS 20/ 25	OD J/ 1+	OS J/ 1+	AD N/A	N/A
Aided	OD 20/	OS 20/	OD J/	OS J/	AS N/A	
			N/A			

Skin **NORMAL**
Head, Neck, Scalp **NORMAL**
Eyes External **NORMAL**
Pupils **NORMAL**
Nose Sinuses **NORMAL**
Ears, Ear Drum **NORMAL**
Mouth, Throat **NORMAL**
Neck, L.N, Thyroid **NORMAL**
Chest - Breast - Axilla **NORMAL**
Lungs **NORMAL**

Heart **NORMAL**
Abdomen **NORMAL**
Back, Flank **NORMAL**
Anus-rectum **NORMAL**
G-u System **NORMAL**
Inguinals, Genitals **NORMAL**
Reflexes **NORMAL**
Extremities **NORMAL**
DENTAL

Upper	8 7 6 5 4 3 2 1	1 2 3 4 5 6 7 8
Lower	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>

III. RESULT OF ANCILLARY EXAMINATIONS

X-ray No.: 29791	Serological Test (VDRL): N/A
Lungs: NORMAL	Psychological Test: N/A
Impression NORMAL CHEST	Complete Blood Count: NORMAL
ECG Report: N/A	Drug Test
HBsAG: N/A	Pregnancy Test N/A LMP: LSC:
Urinalysis: Pus Cells: 0-2 - NORMAL	OTHERS
Stool Examination: NORMAL - NO OVA PARASITE SEEN.	
HIV / Aids Test: N/A	
Blood Type: N/A	

IV. REMARKS

V. RECOMMENDATIONS: The above mentioned candidate is:

FIT TO WORK - A

Date of Medical : **January 21, 2026**
Fitness Date : **January 22, 2026**
Valid Until : **April 22, 2026**

Rodolfo B. Punzalan, M.D., MHA

PRC # 35374
PTR #

RODOLFO B. PUNZALAN, MD, MHA
Examining/Authorized Physician
PRC #: 35374

MARIA ANGELINA P. TIROL, MD
Medical Director
PRC #: 88143

NOTE: This Certification does not cover diseases that would require special procedures and examinations for their detection such as bronchiectasis, which needs bronchography; peptic ulcer / gall bladder diseases which needs chole-GI series, certain kidney problems which need IVP, etc. and also those which are asymptomatic at the time of examination including Pregnancy Test and Psychological Test or those deliberately denied by the examinee in his medical history.