



ANGELINA APOSTOL PUNZALAN MEDICAL CLINIC, INC.

3rd flr. New Atrium Wing, Guadalupe Commercial Complex, Edsa Makati City
Tel No. 53104587 Mobile No. 09209492106
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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

TRANSACTION NO. TR031522-2112026

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 N/A	HEARING	AUDIOMETRY	
Unaided Aided	OD 20/ 25 OD 20/	OS 20/ 25 OS 20/		AD N/A AS N/A	N/A	
Skin Head, Neck, Scalp Eyes External Pupils Nose Sinuses Ears, Ear Drum Mouth, Throat Neck, L.N., Thyroid Chest - Breast - Axilla Lungs	NORMAL NORMAL NORMAL NORMAL NORMAL NORMAL NORMAL NORMAL NORMAL NORMAL		Heart Abdomen Back, Flank Anus-rectum G-u System Inguinal, Genitals Reflexes Extremities DENTAL	NORMAL NORMAL NORMAL NORMAL NORMAL NORMAL NORMAL NORMAL		
			Upper Lower	8 7 6 5 4 3 2 1 < < < < < < < < < < < < < <	1 2 3 4 5 6 7 8 X < < < < < < X < < < < < <	

III. RESULT OF ANCILLARY EXAMINATIONS

X-ray No.: Lungs: Impression	29791 NORMAL NORMAL CHEST		Serological Test (VDRL): Psychological Test: Complete Blood Count: Drug Test: Pregnancy Test Others
ECG Report:	N/A		N/A
HBsAG:	N/A		N/A
Urinalysis:	Pus Cells: 0-2 - NORMAL		LMP: LSC:
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**

PRC # 35374

PTR #

RODOLFO B. PUNZALAN, MD, MHA

Examining/Authorized Physician

PRC #: 35374

MARIA ANGELINA P. TIROL, MDMedical 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.