

LAST NAME

FIRST NAME

MIDDLE NAME

PRESENT MAILING ADDRESS

GIGATO,

ALLAN LOU

GELLANGALA

PAHILANGA HINIGARAN NEGROS OCCIDENTAL

SEX

AGE

CIVIL STATUS

TELEPHONE NO.

Male

23

Single

9213092710

OCCUPATION

ENGINE CADET

VERITAS MARITIME CORPORATIONS

NAME OF EMPLOYER

I. MEDICAL HISTORY

Has applicant suffered from, or been told he had, any of the following conditions:

YES

NO

1. Heart or throat trouble

2. Low uric acid or deafness

3. Asthma

4. Tuberculosis

5. Other lung disease

6. High blood pressure

7. Heart trouble

8. Rheumatic fever

9. Diabetes Mellitus

10. Endocrine disorders

YES

NO

11. Cancer or tumor

12. Mental disorders

13. Head or neck injury

14. Hernia (ruptured)

15. Rheumatism, joint or back trouble

16. Typhoid or paratyphoid fever

17. Trachoma or other eye trouble

18. Stomach pain or ulcer

19. Other abdominal trouble

20. Kidney or bladder trouble

YES

NO

21. Sexually Transmitted disease

22. Genetic or familial disorders

23. Malaria, if yes, date of last attack

24. Operations

25. Tropical diseases

26. Chronic cough

27. Fainting spells, fits or seizures

28. Frequent headaches

29. Dizziness

I hereby permit the DOH/MARINA POEA and the undersigned physician 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 responsibility. By doing so, I also certify that my medical history contained above, is true and any false statement will disqualify me from my employment, benefits and claims.

Signature of Examinee

VERITAS MARITIME CORPORATIONS

Name of Employer

III. PHYSICAL EXAMINATION

to be completed by examining physician

HEIGHT

WEIGHT

1. BLOOD PRESSURE

2. PULSE

3. RESPIRATION

4. BODY BUILD

168 CMS

58.8 KGS

110/80

85 /MIN

20 /MIN

STHENIC

VISUAL ACUITY

5. FAR VISION

6. NEAR VISION

7. ISHIHARA COLOR VISION

8. HEARING

9. CLARITY OF SPEECH

Uncorrected

Corrected

OD 20 OS 20

OD 50M OS 50M

Adequate

NORMAL

Adequate

Corrected

OD 20 OS 20

OD OS

Defective

NORMAL

Defective

9. Skin

10. Head, Neck, Scalp

11. Eyes, External

12. Pupils, Ophthalmoscopic

13. Ears

14. Nose, Sinuses

15. Mouth, Throat

16. Neck, L N. thyroid

17. Chest-Breast-Axilla

18. Lungs

YES

NO

YES

NO

YES

NO

YES

NO

YES

NO

YES

NO

YES

NO

YES

NO

YES

NO

19. Heart

20. Abdomen

21. Back

22. Anus-rectum

23. G-U System

24. Inguinals, Genitals

25. Reflexes

26. Extremities

27. Dental (Teeth)

28. UPPER 8 7 6 5 4 3 2 1 -L- 1 2 3 4 5 6 7 8

28. LOWER 8 7 6 5 4 3 2 1 -L- 1 2 3 4 5 6 7 8

YES

NO

YES

NO

YES

NO

YES

NO

YES

NO

YES

NO

YES

NO

YES

NO

YES

NO

III. X-RAY, ECG AND LABORATORY EXAMINATION REPORT

A. CHEST X-RAY NO. 68883 (X) PA () LOROTIC VIEW

(X) Essentially normal chest

() Significant findings

B. ECG REPORT (X) Within normal limits

() Significant findings

() Not required

C. COMPLETE BLOOD COUNT: Hgb / gms (X) normal

D. URINALYSIS (X) normal

E. SPOC/SEM/URINATION (X) normal

F. SEROLOGICAL TEST (VDRL)

() Reactive (X) Non-reactive

() Not required

G. HEPATITIS-B SURFACE ANTIGEN TEST:

() Reactive (X) Non-reactive

() Not required

H. AIDS CLEARANCE TEST:

() Reactive () Non-reactive

(X) Not required

I. BLOOD TYPE: O

J. PSYCHOLOGICAL TEST:

(X) Passed () For further evaluation

() Not required

K. PREGNANCY TEST:

() Negative () Positive

(X) Not required

L. KUB & HBT ULTRASOUND : NORMAL

OTHERS:

REMARKS

RECOMMENDATION (X) FIT () UNFIT () PENDING

CECILIA ANN B. CHING, M.D.

Examining Physician

17 Nov 06

SOLOMON E. CHING, M.D.

Medical Director

NOTE: This certificate does not cover diseases that would require special procedure and examination for their detection such as bronchiectasis, which needs bronchography, peptic ulcer/gall bladder diseases which need chole GI series certain kidney problems which need IVP, and also those which are asymptomatic at the time of examination including pregnancy test.