



JOINT DOH-POEA-MARINA CONSULTATIVE COMMITTEE REFERRAL SLIP FOR MEDICAL EXAMINATIONS

NAME OF EMPLOYER: _____ SERIAL NO: _____

COUNTRY OF DESTINATION: _____ DATE: _____, 20 _____

WORKER: _____, _____ yrs.,
Last Name First Name Middle Name

HOME ADDRESS: _____

CIVIL STATUS: _____ POSITION APPLIED FOR: _____

PLACE OF BIRTH: _____ DATE OF BIRTH: _____

PASSPORT #: _____ SEAMAN BOOK#: _____

INSTRUCTION TO WORKER:

- You are scheduled for the medical Examination on _____ at the Clinical Occupational Medicine Manila (**CLINICOMED**) - 3/F Ma. Daniel Bldg., 470 San Andres cor. M.H. Del Pilar St., Malate, Manila Philippines.
- Bring the following:
 - Two (2) Clean boiled bottles. One must contain a thumb-sized sample of your stool and the other empty. Label the 2 bottles with your name.
 - Four copies of your most recent 1' x 1' photos.
- The examination/s to be performed and the rates to be paid and indicated at the back of this page.
PLEASE ASK FOR AN OFFICIAL RECEIPT FOR ANY PAYMENT GIVEN.

TYPE OF PAYMENT : Applicant paid Billed Agency (CHECK ONE)

4. Non-compliance of the above instruction may cause delay in the processing of your application.

I HAVE READ, UNDERSTOOD AND AGREED TO COMPLY WITH THE ABOVE REQUIREMENTS.

DATE

SIGNATURE

MEDICAL CLINIC/ HOSPITAL:

Date of last medical examination _____, 20 _____

REFERRED TO: _____
NAME AND ADDRESS OF MEDICAL CLINIC/HOSPITAL

Please conduct the following medical examinations: (Please check)

- [] 1. The Eight(8) Basic Pre-Employment Medical Examination
[] 2. For Seafarers: Ishihara Test Audiometry

Hearing Test Speech Test

- [] 3. As required by the Country of Description (Check one)
 HIV Antibodies Hepatitis - B Antigen VDRL

- [] 4. Per request() Agency () Principal () Company

Spell out test/s: _____

AGENCY / COMPANY _____
NAME & ADDRESS

PATIENT'S PREPARATION FOR BLOOD EXAMINATIONS WITH FASTING REQUIREMENTS

Strictly no smoking, eating or drinking after your last meal on the night before your biochemistry examination. Avoid any physical or strenuous exercise or activity.

- A. For blood sugar and OGTT:
Minimum fasting requirement: 8 hours
Maximum fasting requirement: 14 hours
- B. For cholesterol, triglycerides, HDL, LDL, VLDL (Lipoproteins),
and Chemistry 6,8,12,15:
Minimum fasting requirement: 10 hours
Maximum fasting requirement: 14 hours
- C. For GASTRIN level:
Minimum fasting requirement: 12 hours
Maximum fasting requirement: 14 hours

REMINDERS:

Discontinue taking the following drugs after your last meal until blood extraction:

- A. Oral Contraceptives
- B. Thiazide diuretics
- C. Insulin and Oral anti-diabetic drugs.

*Diabetic Patients who are unable to meet the minimum fasting requirements must inform their attending physician

SPECIAL INSTRUCTION TO MCA PATIENTS

Patients must complete all required medical examinations prescribed by the Maritime Coastguard Agency (MCA).

Since MCA Medical Certificates are highly regulated, patients must return to CLINICOMED for document signing once they are declared "FIT" by the MCA Medical Examiner.

Patients are advised to get clearance of medical completion from the MCA nurse-in-charge prior to travelling.

LOCATION MAP

Malate High School



A. MABINI ST.

Malate Church

SAN ANDRES



CLINICOMED INC.

M.H DEL PILAR

Park

Aristocrat Restaurant

ROXAS BOULEVARD