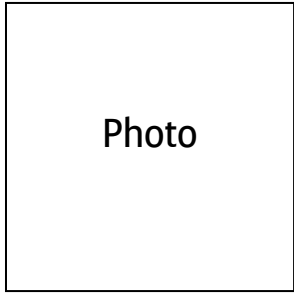


PERSONAL INFORMATION SHEET
FOR APPOINTMENT AS AN ACCREDITED ROVING EXAMINER

*Please accomplish the form truthfully and completely.
(We shall give preference to those willing to do examinations outside of their clinics)*



Name _____

Date of Birth _____ Gender _____ TIN _____

Place of Birth _____ Civil Status _____ SSS _____

PTR License No. _____ Issue Date _____ Expiry Date _____

Home Address _____

Home Tel. No. _____ Mobile No. _____

Medical School _____ Year Graduated _____ Specialization _____

Name of Clinic _____

Clinic Address _____

Clinic Tel. No. _____ Fax No. _____ Contact Person _____

Are you presently a medical examiner for other life insurance companies? YES NO
If yes, please indicate the name of the insurance company/ies and year of appointment.

Are you equipped with the following medical paraphernalia? Please check all that apply.

<input type="checkbox"/> Chemical Urinalysis set (dipstix)	<input type="checkbox"/> Sphygmomanometer
<input type="checkbox"/> ECG Machine	<input type="checkbox"/> Portable Weighing Scale
<input type="checkbox"/> X-ray Machine	<input type="checkbox"/> Tape Measure
<input type="checkbox"/> Stethoscope	<input type="checkbox"/> Thermometer
<input type="checkbox"/> Ophthalmoscope/Otoscope	<input type="checkbox"/> Others (Pls. Specify) _____

Do you drive your own car? YES NO
Can you do blood extraction? YES NO
Can you examine clients at their place of business or residence? YES NO

Organizations currently affiliated with _____
Referred by: (Agent / Financial Executive) _____

Personal References (Please limit to 3 only)

Name	Address	Contact Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

_____, MD
Signature over Printed Name _____ Date _____

Please attach with this form a photocopy of your PRC license and a photocopy of any of the following: driver's license, passport, credit card, etc. for verification purposes

