

MEDICAL EXAMINER'S REQUIREMENTS:

1. Completely filled-up Application form

2. 2 x 2 I.D. picture

3. Photocopy of PRC ID.

KNIGHTS OF COLUMBUS
FRATERNAL ASSOCIATION OF THE PHILIPPINES, INC.
GEN. LUNA COR. STA. POTENCIANA ST., INTRAMUROS
P.O. BOX 510, MANILA
TEL. NO. 527-22-23 to 27 ; 527-22-49 to 55

APPLICATION FOR COMMISSION AS MEDICAL EXAMINER

Recommended By: _____ Date: _____
Council No. : _____

1. Surname _____ First Name _____ Middle Name _____

2. Permanent Address _____ Tel. No. _____

3. Mailing Address _____ Tel. No. _____

4. Date of Birth: _____ Place of Birth: _____

5. Graduated in Medicine: What College/Univ.? _____ Year: _____

6. Working Experience in Medicine (up to present):

Position/Nature of Practice	Name /Location of Institution/Hospital	Year
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

7. At present, are you a medical examiner of other insurance companies? _____
If so, please state the name/names of the company _____

8. Member of what medical societies? _____

9. Any physical impairment including sight and hearing? _____

10. Are you a relative or a member of the Knights of Columbus? _____ Council: _____

11. Do you have an existing BPI Savings ATM account? _____

If so, please state the Account No. and ATM No. _____

12. Medical references and Address:

Dr. _____ Dr. _____

If appointed, I will act as confidential medical examiner of the Fraternity.

I agree to make my examinations as required by the Fraternity being careful to elicit all the facts with regard to the use of stimulants, the family and personal records of the applicant, and to answer all the questions, and give my opinion strictly in accordance with those facts, regardless of the opinion of others.

Date _____ M.D.

Signature over printed name

Lic. No. : _____
P.T.R No.: _____
TIN : _____
SSS No. : _____

N.B. Upon completion, please return this application at the above-stated address.