



# Arab Peninsula Manpower Services, Corp.



## INFORMATION

<b>Name of Applicant:</b>	<b>Passport No:</b>	<b>Place of Issue:</b>	<b>Education:</b>
JENNELYN MONDILLA LORICA	P5673415C	DFA MANILA	HIGH SCHOOL GRADUATE
<b>Date of Birth:</b>	<b>Date of Issue:</b>	<b>Height:</b>	<b>Weight:</b>
02 JUNE 1987	23 FEBRUARY 2024	5'2"	60 KILOS
<b>Age:</b>	<b>Religion:</b>	<b>CHILDREN:</b>	<b>WORK EXPERIENCE:</b>
36	CHRISTIAN	3 (16, 15 & 13 years)	FIRST TIMER
<b>Place of Birth:</b>	<b>Valid Until:</b>	<b>Civil Status:</b>	<b>Name of Kin:</b>
PITOGO QUEZON	22 FEBRUARY 2034	SINGLE	CLARK JOHN BULALAUQUE
<b>CAN SPEAK ENGLISH: 50%</b>	<b>REMARKS: CAN DO ALL HOUSEHOLD WORKS, HARD WORKING, FAST LEARNER, CAN SPEAK ENGLISH</b>		
<b>CAN SPEAK ARABIC: %</b>			

LAND BASED OVERSEAS WORK APPLICANT  
MEDICAL EXAMINATION CERTIFICATE

Approved and authorized by the Department Of Health (DOH)

SURNAME/LAST NAME

LORICA

GIVEN NAME

JENNELYN

MIDDLE NAME

MONDILLA

AGE

36

DATE OF BIRTH

1987-06-02

PLACE OF BIRTH

Philippines

NATIONALITY

Filipino

GENDER

FEMALE

CIVIL STATUS

Single

RELIGION

CATHOLIC

ADDRESS

BRGY PITOGO QUEZON PROVINCE

COUNTRY OF DESTINATION

Saudi Arabia

PASSPORT NUMBER

P5673475C

NAME OF COMPANY/EMPLOYER/RECRUITMENT AGENCY (AS APPLICABLE)

Arab Peninsula Manpower Services Corp - Emely Ba-arde

POSITION APPLIED FOR

DOMESTIC HELPER

SATISFACTORY HEARING?

Yes  No

SATISFACTORY SIGHT?

Yes  No

SATISFACTORY COLOR VISION? (WHEN REQUIRED)

Yes  No

SATISFACTORY PSYCHOLOGICAL TEST?

Yes  No

IS APPLICANT SUFFERING FROM ANY MEDICAL CONDITION LIKELY TO BE AGGRAVATED BY LANDBASED OVERSEAS WORK OR TO RENDER THE APPLICANT UNFIT SUCH SERVICE OR TO ENDANGER THE HEALTH OF OTHER PERSONS?

Yes  No



THIS IS TO CERTIFY THAT A MEDICAL AND PHYSICAL EXAMINATION WAS GIVEN TO:

LORICA, JENNELYN MONDILLA

RESULT:

FIT



*Luison W. Nang*

**LUISON W. NANG, MD**

Name and Signature of Examining/ Authorized Physician  
Date of Examination: Feb 28, 2024

Approved by *Mary Jane S. Rubinos-Mendiola*  
**Mary Jane S. Rubinos-Mendiola, MD, MMHQA**  
Medical Director

I HAVE READ AND UNDERSTOOD THE CONTENTS OF THE ABOVE AND THE INTEGRAL NOTES HEREOF.

*Jennelyn Mondilla*

Feb 28, 2024

Date

LORICA, JENNELYN MONDILLA

APPLICANT'S NAME AND SIGNATURE:

(THIS SIGNATURE SHOULD BE AFFIXED IN THE PRESENCE OF THE EXAMINING PHYSICIAN)

DATE OF ISSUANCE OF PEME CERTIFICATE:

Mar 27, 2024

DATE OF EXPIRATION OF PEME CERTIFICATE:

May 28, 2024