



## APPLICATION FORM For Health ID

**Instructions.** Please place an X mark in the  provided for:

**Type of Transaction:**  **New Applicant**  **Renewal**  **Transferee**  **Replacement/Reproduction**

Please fill-up this application form completely and write in UPPERCASE letters.

LAST NAME	:			
FIRST NAME	:			
MIDDLE NAME	:			
Complete Home Address	:			
Date of Birth (MM-dd-yyyy)	:		Age:	
Sex / Gender	:		Contact No.	
Company Name/ Name of Business Establishment	:			
Position/ Designation	:			
Type of Health ID	:	<input type="checkbox"/> Cream (For Food Establishments) <input type="checkbox"/> Cream (Entertainment Establishments – Bars, Non-CCA) <input type="checkbox"/> Green (For Non-food and other business establishments)		

### REQUIREMENTS CHECKLIST:

- Updated Chest XRAY (PA) and film labeled with applicants name (Valid for 6 months)
- Urinalysis
- Fecalalysis
- Hepatitis A Antibody (IgM) – Food All Food Handlers in Food Establishments
- Community Tax Certificate (Current Year)
- Notarized Parent Consent (For Minor applicants aged 17 years old and below)

Additional Requirements:

**For Massage Therapists, in accordance with City Ordinance No. 106 S,2000**

- TESDA NCII Certificate
- Basic STI/HIV and AIDS Prevention and Control Certificate of Completion

**For All Non-CCA applicants working in Entertainment Establishments:**

- Drug Screening Test (Met, Can)
- Basic STI/HIV and AIDS Prevention and Control Certificate of Completion
- Hiring/Offer Letter signed by the Authorized Representative of the establishment
  - Authorized Representative for Managers/Supervisors: Duly Registered Owner
  - Authorized Representative for Rank and File Staff: Owner, Managers

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 FOR OCCUPATIONAL HEALTH AND SANITATION DIVISION PERSONNEL ONLY:

CTC No. \_\_\_\_\_ Official Receipt No. \_\_\_\_\_

VERIFICATION	ENCODING
Verified by:	Encoded by:
Date and Time Verified:	Date and Time Encoded:

- EHS-Main
- SM City Clark
- Robinson’s Balibago