



REPUBLIC OF THE PHILIPPINES
CITY GOVERNMENT OF MUNTINLUPA

UNIFIED HEALTH AND OCCUPATIONAL PERMIT APPLICATION FORM

ID Picture
1x1

Date of Application

DETAILS OF THE APPLICANT

NAME OF APPLICANT (Last Name, First Name, Middle Name)			GENDER (at birth) <input type="checkbox"/> Male <input type="checkbox"/> Female	
ADDRESS OF APPLICANT (House No., Street Name, Barangay, City)			MOBILE NO.	
DATE OF BIRTH	PLACE OF BIRTH		CITIZENSHIP	
AGE	HEIGHT	WEIGHT	CIVIL STATUS	
HIGHEST EDUCATIONAL ATTAINMENT		T.I.N.	SSS NO.	
COMMUNITY TAX CERTIFICATE NO.		DATE ISSUED	PLACE ISSUED	
NAME OF COMPANY/ESTABLISHMENT			OCCUPATION/POSITION	
LOCATION/ADDRESS OF COMPANY/ESTABLISHMENT				
I DECLARE UNDER PENALTY OF PERJURY that all information in this application are true and correct based on my personal knowledge and authentic records submitted to the City Government of Muntinlupa. Any false or misleading information supplied, or production of fake/falsified documents shall be grounds for appropriate legal action against me and automatically revokes the permit.				
SIGNATURE OVER PRINTED NAME OF APPLICANT				
NOTES: Further, by signing this form, the CHO and BPLO are consented to process and use the Applicant's Personal Data and/or sensitive personal information collected for the purposes of fulfilling its obligations and providing the services required for the issuance of Occupational and Health Permit, by whatever means in accordance with Republic Act (R.A.) 10173, otherwise known as the "Data Privacy Act of 2012" of the Republic of the Philippines, including its Implementing Rules and Regulations (IRR) as well as all other guidelines and issuances by the National Privacy Commission (NPC). The data collected may be shared among partner agencies and other permit/license-issuing agencies covered by a data-sharing agreement to help facilitate issuance of Occupational and Health Permit. The CHO and BPLO, its officers, employees, staff, and representatives shall not disclose any confidential, privileged, personal, and/or sensitive personal information of the Registrant in whole or in part, whether verbal or written to any person, except (a) When required by law or an order of the court; or (b) During an emergency, that threatens the life, personal security of the applicant or community.				
(To be filled-up by Health Permit Staff)				
CHEST X-RAY RESULT:	DATE OF EXAMINATION:		DATE OF EXPIRATION:	
STOOL EXAM:	DATE OF EXAMINATION:		DATE OF EXPIRATION:	
URINE EXAM:	DATE OF EXAMINATION:		DATE OF EXPIRATION:	
Official Receipt No.:	Date Paid:		Amount Paid:	
Processed by: MARC CEDRIC S. MOLDEZ, MD Head-Sanitation Division	Recommending Approval: CAROLYN H. MAGALONG, MD Acting City Health Officer		Health and Occupational Permit No.	
APPROVED BY: ENGR. ALLAN A. CACHUELA City Administrator/OIC, Business Permits and Licensing Office			Received by:	