

**ALUMNI'S PROFILE**  
(at 6<sup>th</sup> month after internship)

Date of data entry: \_\_\_\_\_

**Ever** took the Philippine Medical Licensure Exam?  Yes  No → Why? \_\_\_\_\_

**Ever** passed the Philippine Medical Licensure Exam?  Yes, year? \_\_\_\_\_

**Ever** took the United States Medical Licensure Exam?  Yes  No \_\_\_\_\_

**Ever** passed the United States Medical Licensure Exam?  Yes  No → Year? \_\_\_\_\_

**Any change in name?**  No  Yes → goes to new data record:

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name

\_\_\_\_\_  
Name Extension

**Any change in name?**  No  Yes → goes to new data record:

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name

\_\_\_\_\_  
Name Extension

**Any change in home address and contact numbers?**  No  Yes → accomplish to new data record:

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name

\_\_\_\_\_  
Name Extension

**Any change in civil status?**  No  Yes → record: → if married answer Question on Spouse and Children

\_\_\_\_\_  
Name of Spouse

\_\_\_\_\_  
Occupation

\_\_\_\_\_  
Workplace address

\_\_\_\_\_  
Home address

Name of children	Birthday	School address	Home address	None N/A

Any change in parent/s', sibling/s', relative/s' addresses and contact numbers:  No  Yes  
 → new data record:

Name of mother  
 .....  
 Occupation  
 .....  
 Workplace address  
 .....  
 Home address  
 .....  
 Email address  
 .....  
 Deceased?  
 .....

Name of father  
 .....  
 Occupation  
 .....  
 Workplace address  
 .....  
 Home address  
 .....  
 Email address  
 .....  
 Deceased?  
 .....

Name of siblings	Occupation	Workplace address	Home address	Contact Number	Email address	None N/A

Name of 1 <sup>st</sup> deg relatives*	Occupation	Workplace address	Home address	Contact Number	Email address	None N/A

\*First degree relatives residing in Metro Manila

**Where was the alumni during the past 6 months?**

Address/es	Name of agency /office/institution	Town	City	Province	Country	Phone numbers
1.						

**When did alumni start here (start date)?** \_\_\_\_\_

**Are you with salary/honorarium?**  Yes  No

**What is alumni doing here? Check all that applies**

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| • Working as (check all which applies): |                          |                          |
| • Tertiary hospital practice            | <input type="checkbox"/> | <input type="checkbox"/> |
| • Non-tertiary hospital practice        | <input type="checkbox"/> | <input type="checkbox"/> |
| • Rural clinical practice               | <input type="checkbox"/> | <input type="checkbox"/> |
| • Teacher, medical school               | <input type="checkbox"/> | <input type="checkbox"/> |
| • Teacher, non-medical school           | <input type="checkbox"/> | <input type="checkbox"/> |
| • Research                              | <input type="checkbox"/> | <input type="checkbox"/> |
| • Health-related community work/NGO     | <input type="checkbox"/> | <input type="checkbox"/> |
| • Other work, specify                   |                          |                          |

Address/es	Name of agency /office/institution	Town	City	Province	Country	Phone numbers
2.						

**When did alumni start here (start date)?** \_\_\_\_\_

**Are you with salary/honorarium?**  Yes  No

**What is alumni doing here? Check all that applies**

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| • Working as (check all which applies): |                          |                          |
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| • Non-tertiary hospital practice        | <input type="checkbox"/> | <input type="checkbox"/> |
| • Rural clinical practice               | <input type="checkbox"/> | <input type="checkbox"/> |
| • Teacher, medical school               | <input type="checkbox"/> | <input type="checkbox"/> |
| • Teacher, non-medical school           | <input type="checkbox"/> | <input type="checkbox"/> |
| • Research                              | <input type="checkbox"/> | <input type="checkbox"/> |
| • Health-related community work/NGO     | <input type="checkbox"/> | <input type="checkbox"/> |
| • Other work, specify                   |                          |                          |

Address/es	Name of agency /office/institution	Town	City	Province	Country	Phone numbers
3.						

When did alumni start here (start date)?

Are you with salary/honorarium?  Yes  No

What is alumni doing here? Check all that applies

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
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| • Research                              | <input type="checkbox"/> | <input type="checkbox"/> |
| • Health-related community work/NGO     | <input type="checkbox"/> | <input type="checkbox"/> |
| • Other work, specify                   |                          |                          |

Address/es	Name of agency /office/institution	Town	City	Province	Country	Phone numbers
4.						

When did alumni start here (start date)?

Are you with salary/honorarium?  Yes  No

What is alumni doing here? Check all that applies

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| • Working as (check all which applies): |                          |                          |
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| • Non-tertiary hospital practice        | <input type="checkbox"/> | <input type="checkbox"/> |
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| • Teacher, non-medical school           | <input type="checkbox"/> | <input type="checkbox"/> |
| • Research                              | <input type="checkbox"/> | <input type="checkbox"/> |
| • Health-related community work/NGO     | <input type="checkbox"/> | <input type="checkbox"/> |
| • Other work, specify                   |                          |                          |

➔ **Final directions:** Kindly scan and email to: [glarevalo@post.upm.edu.ph](mailto:glarevalo@post.upm.edu.ph)