HILOT AT HILOM PILIPINAS

Wellness Resource & Training Center

DOH TRAINING INSTITUTION • ACCREDITATION No. 12-09-0012

#3 Parkview St, Laguna Bel Air 1, Brgy Don Jose, Santa Rosa City, Laguna 4026

HiHiP Form 1

PASSPORT PHOTO

1.37 x 1.77 inches colored, with white background

DOH LMT STUDENT RECORD

STUDENT Nº. ____ YEAR ____ MO. ____ SERIES

STUDENT SIGNATURE **DATE**

SURNAME																											
FIRST NAME																											
MID NAME																											

BIRTH YY-MM-DD

NAME EXT'N.

CONTACT	MOBILE	LANDLINE	EMAIL	FB NAME
PERMANENT ADDRESS	NO., STREET, SUBD.	BARANGAY	DISTRICT	
	CITY	PROVINCE	REGION	ZIP CODE

NAME OF HS OR COLLEGE :	**GRADUATION DATE:**
PREVIOUS MASSAGE TRAINING :	**COMPLETION DATE:**

SEX : ☐ M ☐ F **CIVIL STATUS:** ☐ SINGLE ☐ MARRIED ☐ WIDOWED ☐ OTHER **PLACE OF BIRTH:**

RELATIVE	NAME & CONTACT No.	RELATIONSHIP

NAME OF EMPLOYER / SPA	
WORKPLACE ADDRESS	
NAME OF SPONSOR IF ANY	**TEL/CP#:**

~~~~~~ *TO BE ACCOMPLISHED BY THE REGISTRAR* ~~~~~~

SATELLITE & SCHEDULE		**DATE OF EXAM:**

TUITION FEES				**EXAM, MISC, OPTIONAL FEES**				**DOCUMENTS**	**S**	**F**	**R**
ASSESSED TUITION FEE = ₱				**ITEM**	**AMT**	**DATE**					
	PAYMENT	**AMOUNT**	**DATE**	Scrub Suit	350			Birth Certificate			
	1ST (D.P.)			Written Exam	250			Marriage Certificate (F)			
	2ND Inst.			Oral-Prac Ex	500			NBI Clearance			
	3ND Inst.			COR, ID Card	150			Diploma/Transcript			
	4TH Inst.			Oathtaking	500			Medical Certificate			
	5TH Inst.			(PALMT)	500			Brgy Cert. of Good Moral Char.			
	FIN.BALANCE			(HiHiP Shirt)	300			Employment or Brgy Certificate			
	Discounts							HiHiP Certificate of Training			
	Penalty							4 Passport Photos			
								6 ID Photos			

SUBJECTS	**GRADE**
Ethics & Law	
Anatomy & Physio	
Microbio & Patho	
Basic Concepts	
Application	
QUALIFYING EXAM	
Pre-Massage	
Manipulations	
Post-Massage	
OPRAC DEMO	
GEN AVERAGE	
DATE OF OATH :	

REMARKS

HiHiP TRAINING STAFF

• INSTRUCTOR	• TUTOR
MERCHE G CASTRO LMT • REGISTRAR	**DELFIN S FELIPE LMT/ATP** • DOH ACCREDITED TRAINER
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