

**MEDICAL CERTIFICATE**  
(For Employment)

**INSTRUCTIONS**

- a. This medical certificate should be accomplished by a licensed government physician.  
b. Attach this certificate to original appointment, transfer and reemployment.  
c. The results of the following pre-employment medical/physical/**psychological** must be attached to this form:

- ☒ Blood Test  
☒ Urinalysis  
☒ Chest X-Ray  
☐ Drug Test  
☐ Psychological Test  
☐ Neuro-Psychiatric Examination (if applicable)

**FOR THE PROPOSED APPOINTEE**

|   |     |              |                           |
|---|-----|--------------|---------------------------|
| NAME (Last Name, First Name, Name Extension (if any) and Middle Name) |     |              | AGENCY / ADDRESS          |
| CASTRO, Jhonavel Romblon  |     |              | Visca, Baybay City, Leyte |
| ADDRESS   |     |              |                           |
| BRGT. MARCOS, BAYBAY CITY, LEYTE                                      |     |              |                           |
| AGE   | SEX | CIVIL STATUS | PROPOSED POSITION         |
| 26  | F   | SINGLE       | Admin AOE III             |

**FOR THE LICENSED GOVERNMENT PHYSICIAN**

|   |                         |  |               |
|---|-------------------------|--|---------------|
| <i>I hereby certify that I have reviewed and evaluated the attached examination results, personally examined the above named individual and found him/her to be physically and medically <input checked="" type="checkbox"/> FIT / <input type="checkbox"/> UNFIT for employment.</i> |                         |  |               |
| SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:   |                         | OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE |               |
| MERRY CHRISTIL T. SUPNET-SUNOCOR, M.D.<br>Medical Officer III<br>Licensed Government Physician  |                         |  |               |
| AGENCY/Affiliation of Licensed Government Physician:  |                         |  |               |
| LICENSE NO.   | HEIGHT (M)<br>Bare Foot | WEIGHT (KG)<br>Stripped                        | BLOOD<br>TYPE |
|   | 154                     | 61.25  | Amt           |
| OFFICIAL DESIGNATION  | DATE EXAMINED           |  |               |
|   | 6-14-21                 |  |               |