

## MEDICAL CERTIFICATE

(For Employment)

### INSTRUCTIONS


- This medical certificate should be accomplished by a licensed government physician.
- Attach this certificate to original appointment, transfer and reemployment.
- 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)<br><b>FLORES MARIA ZAIDA A.</b> |                      | AGENCY / ADDRESS<br><b>NARC, VSU</b><br><b>Bambang City Leg de</b> |                   |
| ADDRESS<br><b>A705 North del Rio Street</b>   |                      |  |                   |
| AGE<br><b>51 y.oed</b>  | SEX<br><b>Female</b> | CIVIL STATUS<br><b>Single</b>                                      | PROPOSED POSITION |

### FOR THE LICENSED GOVERNMENT PHYSICIAN

|  |  |  |                        |
|--|--|--|------------------------|
| 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. |  |  |                        |
| SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:<br><br><b>MERRY CHRISTL T. SUPNEN GUINOCOR, M.D.</b><br><b>Medical Officer III</b><br><b>License No. 111828</b>               |  | OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE |                        |
| AGENCY/Affiliation of Licensed Government Physician:   |  |  |                        |
| LICENSE NO.  | HEIGHT (M)<br>Bare Foot<br><b>161-5 cm</b> | WEIGHT (KG)<br>Stripped<br><b>77.8 KGS</b>     | BLOOD TYPE<br><b>O</b> |
| OFFICIAL DESIGNATION   | DATE EXAMINED<br><b>1-11-19</b>            |  |                        |

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