OFFICIAL DESIGNATION

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 Trinalysis 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 OQUIAS, NOEMI ELISA L. VSU INTEGRATED HIGHSCHOOL ADDRESS MAROS , BAYBAY CITY, LEYTE AGE SEX CIVIL STATUS PROPOSED POSITION 28 FEMALE MARRIED INSTRUCTOR I 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 higher to be physically and medically DFIT / DUNFIT for employment.

SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN OTHER INFORMATION ABO OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE MERRY CHRISTL T. SUPPET-GUMOCOR 11828 T MEDICAL OFFICER III AGENCY/Affiliation of Licensed Government Physician LICENSE NO HEIGHT (M) WEIGHT (KG) BLOOD Bare Foot Stripped TYPE AB+" 52 156

DATE EXAMINED

8-9-19

110 10

Montg