## 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.
- The results of the following pre-employment medical/physical/mental examinations must be attached to this form;

| 2 | Blood Test                                    |
|---|---|
| 2 | Urinalysis                                    |
|   | Chest X-Ray                                   |
| 2 | Drug Test                                     |
|   | Psychological Test                            |
|   | Neuro-Psychiatric Examination (if applicable) |

## FOR THE PROPOSED APPOINTEE

|                     | e First Name, Name Extension | VISCA, BAYBAY CITY, LEYTE |                   |  |
|---------------------|------------------------------|---------------------------|-------------------|--|
| ADDRESS             | GUAPALUPE,                   |                           |                   |  |
| GE SEX CIVIL STATUS |                              | CIVIL STATUS              | PROPOSED POSITION |  |
| 25                  | FEMALE SINGLE                |                           | INSTRUCTOR 1      |  |

## FOR THE LICENSED GOVERNMENT PHYSICIAN

| I hereby certify that I have reviewed and evaluated the attached exabove named individual and found him/her to be physically and medically |                         |  |               |  |
|--|-------------------------|--|---------------|--|
| MERRY CHRISTLT, SUPNET-GUINOCK, M.D.  MERRY CHRISTLT, SUPNET-GUINOCK, M.D.  Medical Officer III  License No. 111828                        |                         | OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE |               |  |
| AGENCY/Affiliation of Licensed Government Physician  | 7                       |  |               |  |
| LICENSE NO.  | HEIGHT (M)<br>Bare Foot | WEIGHT (KG)<br>Stripped                        | BLOOD<br>TYPE |  |
|  | 143 CM                  | 51.6kg   |               |  |
| OFFICIAL DESIGNATION   | DATE EXAMINED           |  |               |  |