

**MEDICAL CERTIFICATE**

(For Employment)

**INSTRUCTIONS**

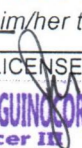
- a. This medical certificate should be accomplished by a licensed government physician.  
 b. Attach this certificate to original appointment, transfer and reemployment.  
 c. The results of the following pre-employment medical/physical/mental examinations must be attached to this form:

- ☒ 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
ALKUINO, NOEL MARCARINAS			YSU
ADDRESS			
BRCY. STA CRUZ, BAYBAY CITY			
AGE	SEX	CIVIL STATUS	PROPOSED POSITION
56	MALE	MARRIED	ADMIN. AIDE III

**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"/> <b>FIT</b> / <input type="checkbox"/> <b>UNFIT</b> for employment.			
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:		OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE	
 <b>MERRY CHRISTL T. SUPNET-GUINOSOR, M.D.</b> Medical Officer III License No. 111828			
AGENCY/Affiliation of Licensed Government Physician:			
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE
	160	65	B
OFFICIAL DESIGNATION	DATE EXAMINED		
	1-9-18		