OFFICIAL DESIGNATION

## MEDICAL CERTIFICATE

(For Employment)

a. This medical certificate should be accomplished by a licensed b. Attach this certificate to original appointment, transfer and rec. The results of the following pre-employment medical/physical must be attached to this form:  Blood Test Urinalysis	employment.
Chest X-Ray Drug Test Psychological Test Neuro-Psychiatric Examination (if applicable)	INTEE
FOR THE PROPOSED APPO	AGENCY / ADDRESS
NAME (Last Name, First Name, Name Extension (if any) and Middle Name)  OKIAS, ANGELLTA BANAYAC	VSU
ADDRESS	
BRGY BALOCAWE ABUYOGO LEYTE	INSTRUCTOR
AGE SEX CIVIL STATUS	PROPOSED POSITION
25 F Single	
	1

## 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 AFIT / DUNFIT for employment. SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: OTHER INFORMATION ABOUT THE MERRY CHRISTI I. SUPNET-GUNOCOR, M.D. Medical Officer III License No. 111828 PROPOSED APPOINTEE AGENCY/Affiliation of Licensed Government Physician: LICENSE NO. HEIGHT (M) Bare Foot WEIGHT (KG) BLOOD TYPE Stripped 65.6KG

165 cm

W-1-19

DATE EXAMINED

mp-90/60