MEDICAL CERTIFICATE

(For Employment)

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a.	This medical	certificate	should be	accomplished	by a	licensed	government	physician
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- 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	

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		
CUR TES	MARJORIE,	AMOTO	FACULTY OF VETTRINARY		
ADDRESS		MEDICINE, VISIAYAS STATE			
Apt. 8, Kil	lbourne St., US	UNIVERSITY, VISCA, BAYBAY			
AGE	SEX	CIVIL STATUS	PROPOSED POSITION		
30	FEMALE	MARKIED	ASST. PROFESSOR 11		

FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached exambove named individual and found him/her to be physically and medically to	
SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE
MERRY CHRIST'L T. SUPNET-GUINOCOR, M.D.	
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AGENCY/Affiliation of Licensed Covernment Physician:			
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD
			Oc-
OFFICIAL DESIGNATION	DATE EXAMINE	D	
		5- 3	. 25