MEDICAL CERTIFICATE

(For Employment)

1	N	S	T	R	11	C	T	10	N	S

- 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
 Urinalysis
 - Urinalysis
 Chest X-Ray
 Drug Test
 Psychological Test
 - ☐ Neuro-Psychiatric Examination (if applicable)

FOR THE PROPOSED APPOINTEE

NAME (Last Nar	me, First Name, Name Exter	AGENCY / ADDRESS	
ARMADA, F	LONENCE ADELYN	DMP, USU, VISCA, BAYBAY	
ADDRESS	and the second section of the second	CITY, LEYTE	
BAGY, GAD	AS, BAYDAY CI	TY, LEYTE	
AGE	SEX	CIVIL STATUS	PROPOSED POSITION
27	F	SINGLE	INSTRUCTOR

FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached eabove named individual and found him/her to be physically and medically	Examination result □FIT / □UNFIT	ts, personally e for employmer	xamined the nt.		
SIGNATURE OVER PRINTED DAME OF LICENSED GOVERNMENT PHYSICIAN: MERRY CHRIST'L T. SUPNET-GUINOCOR, M.D.	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE				
Medical Officer III License No. 111828					
AGENCY/Affiliation of Licensed Government Physician:					
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE		
	1.65m	50 /20	B+		
OFFICIAL DESIGNATION	DATE EXAMINED				
		\-d2-2021			