ADDRESS

MEDICAL CERTIFICATE (For Employment)

d	i. This medical certificate should be accomplished by a licensed government physician.
b	Attach this certificate to original appointment, transfer and reemployment.

INSTRUCTIONS

- 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)

NAME (Last Name, First Name, Name Extension (if any) and Middle Name)

+ PHIL,

FOR THE PROPOSED APPOINTEE

DUATIN

APT #8	, VISCA, BAYE	BAY CITY, LEYTE	
AGE	SEX	CIVIL STATUS	PROPOSED POSITION
31	M	MARRIED	ASSISTANT PROFESSOR IT
	FOR THE	E LICENSED GOVERN	MENT PHYSICIAN
I hereby	y certify that I have n	eviewed and evaluated the attache	ed examination results, personally examined the

AGENCY / ADDRESS VISAYAS STATE UNIVERSITY,

BAYBAY CITY, LEYTE

above named individual and found him/her to be physically and medically	FIT / □UNFIT for employment.
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE
	PROPOSED APPOINTEE
MERRY CHRIST'I T. SUPPLET-GUINOCOR, M.D.	

	PROI	PROPOSED APPOINTEE		
MERRY CHRISTLT, SUPPLET-GUINOCOR, M.D.				
AGENCY/Affiliation of Licensed Government Physician.8	Branchine Madrinia Branchinia (Branchinia) Albanina and di sepannera			
Wildel Concession of the Conce				
LICENSE NO.	HEIGHT (M)	WEIGHT (KG)	BLOOD	
	Bare Foot	Stripped	TYPE	
	1.65	67. skas	0 47	
OFFICIAL DESIGNATION	DATE EXAMINE	D		

5. 3- 23