

## 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/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)<br><b>BAGARINZO EDWIN VEGA</b> |                 |                          | AGENCY / ADDRESS<br><b>USN</b>           |  |
| ADDRESS<br><b>BIGY MARCOS BAYDAY</b>   |                 |                          | PROPOSED POSITION<br><b>ADMIN AIDE I</b> |  |
| AGE<br><b>57</b>   | SEX<br><b>M</b> | CIVIL STATUS<br><b>M</b> |  |  |

### 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"/> FIT / <input type="checkbox"/> UNFIT for employment.   |   |   |  |  |   |                         |
| SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:<br><div style="text-align: center;"> <br/> <b>MERRY CHRISTL T. SUPNET-GUINOCO, M.D.</b><br/>           Medical Officer III<br/>           License No. 111828         </div> |   | OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE  |  |  |   |                         |
| AGENCY/Affiliation of Licensed Government Physician:   |   | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">HEIGHT (M)<br/>Bare Foot<br/><b>165 cm</b></td> <td style="padding: 5px;">WEIGHT (KG)<br/>Stripped<br/><b>82 kg</b></td> <td style="padding: 5px;">BLOOD TYPE<br/><b>B+</b></td> </tr> </table> |  | HEIGHT (M)<br>Bare Foot<br><b>165 cm</b> | WEIGHT (KG)<br>Stripped<br><b>82 kg</b> | BLOOD TYPE<br><b>B+</b> |
| HEIGHT (M)<br>Bare Foot<br><b>165 cm</b>   | WEIGHT (KG)<br>Stripped<br><b>82 kg</b> |   |  | BLOOD TYPE<br><b>B+</b>                  |   |                         |
| LICENSE NO.  |   |   |  |  |   |                         |
| OFFICIAL DESIGNATION   |   | DATE EXAMINED<br><b>12-7-21</b>   |  |  |   |                         |

BP-159/90