

INSTRUCTIONS

1. This medical certificate should be accomplished by a government physician.
2. Attached this certificate to original appointments and reinstatements.

NAME (Last, First, Middle, or if married woman, Maiden Name) BERNALDEZ, SAMUEL OLINAS		AGENCY ADDRESS CFES, VSU, VISCA, BAYBAY	
ADDRESS MILAGRO, ORMOC CITY, LEYTE			
AGE 36	SEX MALE	CIVIL STATUS MARRIED	PROPOSED POSITION INSTRUCTOR I (SUBSTIT)
Pre-Employment Medical-Physical Tests 1. <input checked="" type="checkbox"/> Blood Test 2. <input checked="" type="checkbox"/> Urinalysis 3. <input checked="" type="checkbox"/> Chest X-ray 4. <input type="checkbox"/> Drug Test 5. <input type="checkbox"/> Neuro-Psychiatric Examination (If necessary) m-1720/88			
FOR THE PHYSICIAN			
I HEREBY CERTIFY that I have personally examined the above-named individual and found her/him to be <u>physically and medically fit/unfit</u> for employment			Affix Documentary Stamp
PRINTED NAME/SIGNATURE OF PHYSICIAN MERRY CHRISTLY SUPNET-GONOCOR, M.D. Medical Officer III License No. 111128		CERTIFICATE NO.	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE
OFFICIAL DESIGNATION		HEIGHT (Barefoot) 170cm	WEIGHT (Striped) 69 kg BLOOD TYPE "O" 4
AGENCY: VSU HOSPITAL Visayas State University Visca, Baybay, Leyte, Philippines		DATE EXAMINED 10-9-17	