

**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) <b>LUMAIN, JOHN PHILIP LOU MACHRA</b>			AGENCY / ADDRESS <b>COLLEGE OF VETERINARY MEDICINE VISAYAS STATE UNIVERSITY, VESCA, BAYBAY CITY, LEYTE 6521-A</b>
ADDRESS <b>BRGY. GABAC, BAYBAY CITY, LEYTE</b>			
AGE <b>26</b>	SEX <b>MALE</b>	CIVIL STATUS <b>SINGLE</b>	PROPOSED POSITION <b>Instructor I (Regular-Temporary)</b>

**FOR THE LICENSED GOVERNMENT PHYSICIAN**

<i>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.</i>			
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:  <b>MERRY CHRISTL T. SUPNET-GUINOCOR, M.D.</b>		OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE 	
AGENCY/Affiliation of Licensed Government Physician: <b>111828</b>			
LICENSE NO. <b>98</b>	HEIGHT (M) Bare Foot <b>169</b>	WEIGHT (KG) Stripped <b>65.58</b>	BLOOD TYPE <b>not</b>
OFFICIAL DESIGNATION <b>cor I</b>	DATE EXAMINED <b>7/8/20</b>		

*BR 110/80*