

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)			AGENCY / ADDRESS
ADDRESS			
AGE	SEX	CIVIL STATUS	PROPOSED POSITION

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:		OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE	
 MERRY CHRIST'L T. SUPNET - GUINDOC			
AGENCY/Affiliation of Licensed Government Physician:			
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE
OFFICIAL DESIGNATION	DATE EXAMINED		
	10-18-21		



MCS DIAGNOSTIC CENTER

LOYOLA BLDG, HILADO ST, cor. LN AGUSTIN DRIVE

BACOLOD CITY, NEG. OCC. PHILIPPINES 6100

TELEPHONE NUMBER: (034) 709-6065

E-MAIL ADDRESS: diagnosticmcs@gmail.com

MEDICAL CERTIFICATE

Date: OCT 12, 2022

To Whom It May Concern:

This is to certify that Mr. /Ms. /Mrs. PARADERO, ANGELITA Age/Sex:
36/S Of HINOBAAN, NEGROS OCCIDENTAL was

seen and examined on OCT 12, 2022 with the following diagnosis:

PHYSICALLY FIT

And would need Medical Attention for _____ days barring complication.

Respectfully Yours,


Gerina Christine T. Pollacion, MD
Lic. No. 0098318

Medical Consultant/Clinic Physician