

### 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) <b>RATILLA, BERTA CATINGAN</b>			AGENCY ADDRESS <b>Visca, Baybay City</b>		
ADDRESS <b>Dept. of Agronomy, VSU, Visca, Baybay City</b>					
AGE <b>55</b>	SEX <b>Female</b>	CIVIL STATUS <b>Married</b>	PROPOSED POSITION <b>Assoc. Prof. II</b>		
Pre-Employment Medical-Physical Tests					
<input checked="" type="checkbox"/> 1. Blood Test <input checked="" type="checkbox"/> 2. Urinalysis <input checked="" type="checkbox"/> 3. Chest X-ray <input checked="" type="checkbox"/> 4. Drug Test <input type="checkbox"/> 5. Neuro-Psychiatric Examination (If necessary)					
<b>FOR THE PHYSICIAN</b>					
I HEREBY CERTIFY that I have personally examined the above-named individual and found <u>her/him</u> to be <u>physically and medically fit/unfit</u> for employment					Affix Documentary Stamp
PRINTED NAME/SIGNATURE OF PHYSICIAN  <b>MERRY CHRIST'L T. SUPNET-GUINOCOR, M.D.</b> Medical Officer III License No. 111823		CERTIFICATE NO.	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
OFFICIAL DESIGNATION			HEIGHT (Barefoot) <b>152 cm</b>	WEIGHT (Stripped) <b>49.2 kg</b>	BLOOD TYPE <b>A</b>
AGENCY:  <b>VSU HOSPITAL</b> <b>Visayas State University</b> <b>Visca, Baybay, Leyte, Philippines</b>			DATE EXAMINED  <b>1-25-11</b>		

Bp.: **120/80 mmHg**