

MEDICAL CERTIFICATE

For Employment

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) <i>Calunangan Fe Cruz</i>		AGENCY ADDRESS <i>VSU</i>	
ADDRESS <i>12 N. L. Fernandez St. Bay 2 City</i>			
AGE <i>58</i>	SEX <i>F</i>	CIVIL STATUS	PROPOSED POSITION
Pre-Employment Medical-Physical Tests <ol style="list-style-type: none"> 1. <input checked="" type="checkbox"/> Blood Test 2. <input checked="" type="checkbox"/> Urinalysis 3. <input checked="" type="checkbox"/> Chest X-ray 4. <input checked="" type="checkbox"/> Drug Test 5. <input checked="" type="checkbox"/> Neuro-Psychiatric Examination (If necessary) <i>BP- 130/90</i>			
FOR THE PHYSICIAN			
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 <i>Merry Christl T. Supnet-Cudocor, M.D.</i> Medical Officer III License No. 111023		CERTIFICATE NO.	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE
OFFICIAL DESIGNATION		HEIGHT (Basefoot) <i>5'3"</i>	WEIGHT (Stripped) <i>134 lb.</i>
		BLOOD TYPE <i>O⁺</i>	
AGENCY: VSU HOSPITAL Visayas State University Visca, Baybay, Leyte, Philippines		DATE EXAMINED <i>1-26-13</i>	