

MEDICAL CERTIFICATE

(For Employment)

INSTRUCTIONS

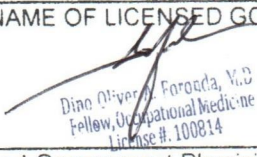
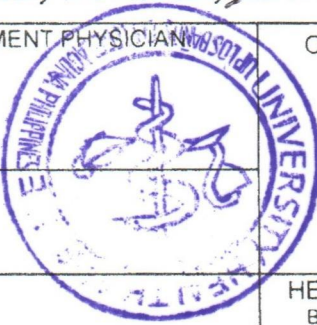
- a. This medical certificate should be accomplished by a licensed government physician.
 b. Attach this certificate to original appointment, transfer and reemployment.
 c. The results of the following pre-employment medical/physical/mental examinations must be attached to this form:

- ☐ 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) <i>Gabinada, Loura Franz, Macavinta</i>			AGENCY / ADDRESS <i>Visayas State University, Baybay City, Leyte</i>
ADDRESS <i># 70 Kilbourne Drive, Visayas State University, Baybay, Leyte</i>			
AGE <i>31</i>	SEX <i>male</i>	CIVIL STATUS <i>married</i>	PROPOSED POSITION <i>Instructor III</i>

FOR THE LICENSED GOVERNMENT PHYSICIAN

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.			
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN  <i>Dino Oliver Foronda, M.D. Fellow, Occupational Medicine License # 100814</i>		OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE	
AGENCY/Affiliation of Licensed Government Physician: <i>UHS-UMB</i>			
LICENSE NO. <i>10814</i>	HEIGHT (M) Bare Foot <i>173.5 cm</i>	WEIGHT (KG) Stripped <i>59.5 kg</i>	BLOOD " TYPE <i>O+</i>
OFFICIAL DESIGNATION <i>MD</i>	DATE EXAMINED <i>11/15/19</i>		



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University of the Philippines Los Baños
College, Laguna, Philippines 4031
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E-mail: uhs_uplb@yahoo.com



Philhealth Accredited Health Care Provider

MEDICAL CERTIFICATE

(For Employment / Annual Medical Examination / Others)

15 November 2019

Date

This is to certify that Mr. / Ms. Lourd Franz M. Gabunada has today been seen and examined in this hospital and has been found to be physically fit / unfit to work on permanent / temporary status.

Physical Fitness Class A *

Remarks: bu 15

- * Class A: *Physically fit for any work*
Class B: *Employable but with correctable defects*
Class C: *Employable but with certain limitations and needing regular medication/check-up*
Class D: *Unfit to work*

Not valid without the
official UHS seal/stamp
Form No. 07-OPD-09



NOV 15 2019

Examining Physician:

Dina Oliver A. Forcada, MD
Fellow, Occupational Medicine
License # 00814

Signature above Printed Name

License No.

Noted:

ESSIE IMELDA F. VILLALBA

Director

Director