

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) | | | AGENCY / ADDRESS | | |
| SERINO, EUNICE KENEE LABONITE | | | VISA VIAS STATE UNIVERSITY | | |
| ADDRESS | | | Visca, BAWBAH CITY, LEYTE | | |
| APRIL, KILBOURNE ST, VISU, VISCA, BAWBAH CITY, LEYTE | | | | | |
| AGE | SEX | CIVIL STATUS | PROPOSED POSITION | | |
| 31 | FEMALE | MARRIED | INSTRUCTOR III | | |

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: | | | OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE | | |
| MERRY CHRISTY T. SUPNET-GUARDIA, M.D. Medical Officer III License No. 000000 | | | | | |
| AGENCY/Affiliation of Licensed Government Physician: | | | | | |
| LICENSE NO. | | | HEIGHT (M) Bare Foot | WEIGHT (KG) Stripped | BLOOD TYPE |
| | | | 1.58 | 62.8 | A + |
| OFFICIAL DESIGNATION | | | DATE EXAMINED | | |
| | | | 12-8-11 | | |